

SURVEY RESEARCH CENTER AT IUPUI

Public and Professional Attitudes Regarding Pandemic Influenza Preparedness - 2008

Summary of Methods and Findings

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Table of Contents

INTRODUCTION	5
PUBLIC OPINION SURVEY FINDINGS.....	6
<i>Table 1. Respondent Demographics.....</i>	<i>6</i>
ASSESSMENT OF EMERGENCY RESPONSE POLICIES	7
<i>Fig. 1: Percent Who “Strongly Agree” with Selected Policies, U.S. and Indiana.....</i>	<i>8</i>
ASSESSMENT OF EMERGENCY RESPONSE PRIORITIES	10
<i>Fig. 2: Average Ratings of Emergency Response Priorities, U.S. and Indiana</i>	<i>10</i>
COMPLIANCE WITH QUARANTINE AND HOME CARE REQUESTS	12
<i>Fig. 3: Percent Willing to Agree to Quarantine and Home Care, U.S. and Indiana</i>	<i>13</i>
<i>Fig. 4: “Very Likely” Problems Related to Home Quarantine, US. and Indiana.....</i>	<i>15</i>
<i>Fig. 5: “Very Likely” Compliance to Travel Restrictions, U.S. and Indiana</i>	<i>18</i>
SOURCES OF ASSISTANCE AND INFORMATION	20
<i>Fig. 6: Expected Sources of Significant Help, U.S. and Indiana</i>	<i>20</i>
<i>Fig. 7: Sources of Significantly Trusted Information, U.S. and Indiana.....</i>	<i>23</i>
EMPLOYMENT-RELATED ISSUES	25
<i>Fig. 8: Workplace Quarantine Compliance, U.S. and Indiana.....</i>	<i>25</i>
HEALTH CARE PROFESSIONAL SURVEY FINDINGS	28
<i>Table 2. Demographic Characteristics of Web Survey Respondents</i>	<i>28</i>
MANAGEMENT OF THE HEALTHCARE WORKFORCE.....	29
<i>Fig. 9: State Should be Responsible for Identifying Critical Healthcare Workers</i>	<i>29</i>
<i>Fig. 10: Healthcare Workers Ethically Obligated to Work During Pandemic</i>	<i>30</i>
<i>Fig. 11: Healthcare Workers Not Working During Pandemic Should be Fired.....</i>	<i>30</i>
<i>Fig. 12: Healthcare Workers Not Working During Pandemic Should Lose License</i>	<i>31</i>
<i>Fig. 13: State Should Assist Healthcare Institutions Develop Fair Workforce Policies.....</i>	<i>31</i>
TRIAGE AND ALLOCATION OF SCARCE RESOURCES	32
<i>Fig. 14: Ventilator Triage Should Give Priority to Those Most Likely to Survive.....</i>	<i>32</i>
<i>Fig. 15: State Should Promote Adoption of Common Triage Procedures During Crisis</i>	<i>33</i>
<i>Fig. 16: Healthcare Should be Ready to Deny Treatment During Pandemic.....</i>	<i>33</i>
<i>Fig. 17: Pandemic Triage Procedures Should Involve Daily Review and Correction.....</i>	<i>34</i>
ALTERED STANDARDS OF CARE	34
<i>Fig. 18: State Should Work With Healthcare Administration on Altered Standards of Care</i>	<i>35</i>
<i>Fig. 19: State Should Develop Mandatory Emergency Protocols.....</i>	<i>35</i>
<i>Fig. 20: State Should Promote Training on Altered Standards of Care</i>	<i>36</i>
<i>Fig. 21: State Should Establish Standards for Health Documentation During Pandemic.....</i>	<i>36</i>
VACCINE AND ANTIVIRAL MEDICATION ALLOCATION.....	37
<i>Fig. 22: States Should Adopt Federal Vaccine Prioritization Protocol.....</i>	<i>37</i>
<i>Fig. 23: ISDH Should Adopt A Rank-Order Vaccination Protocol.....</i>	<i>38</i>
<i>Fig. 24: Antiviral Allocation Strategy Should Emphasize Treatment Over Prevention.....</i>	<i>38</i>
<i>Fig. 25: Healthcare Institutions Should Develop Antiviral Stockpiles for Employees.....</i>	<i>39</i>
CONCLUSIONS.....	40
APPENDIX A: SURVEY QUESTIONNAIRES.....	42
APPENDIX B: OPEN-ENDED RESPONSES	59
PUBLIC OPINION SURVEYS	60
<i>Q9: Indiana Respondents:.....</i>	<i>60</i>
<i>Q9: National Respondents:.....</i>	<i>62</i>
<i>Q23: Indiana Respondents:.....</i>	<i>66</i>
<i>Q23: National Respondents:</i>	<i>74</i>
HEALTH CARE PROFESSIONAL WEB SURVEY	83
1. Management of the Healthcare Workforce	83
2. Triage and Allocation of Scarce Resources	97

3. <i>Altered Standards of Care</i>	104
4. <i>Vaccine and Antiviral Medication Allocation</i>	107

Introduction

Public health officials throughout the world must develop policies to address emergency needs that will occur during an influenza epidemic. These same health officials must also address the many ethical implications that arise from making these decisions. In the Spring of 2008 the Survey Research Center at IUPUI (SRC) conducted a series of three surveys designed to better understand public and professional attitudes regarding preparedness for an influenza pandemic. The survey project was part of a larger initiative funded by the Indiana State Department of Health with funds from the Centers for Disease Control and Prevention. This initiative was coordinated by the Indiana University Center for Bioethics under contract with the Indiana State Department of Health as a part of the project “Translating Ethics Advice into Practice: Public and Professional Outreach about Pandemic Influenza Planning in Indiana.”

The surveys were designed to measure a variety of experiences and attitudes of three populations: adults in the United States, adults in the state of Indiana and health care professionals in Indiana. The surveys of the general public were intended to help develop a better understanding of how the general public is likely to react to different action that might be taken by public health officials. In particular, the ethical dilemmas created by the difficult decisions faced by public officials were presented to the public. The primary series of pandemic influenza crisis issues addressed during the interviews were:

- Public perception of public health priorities
- Likelihood of compliance with health official requests
- Likely sources of assistance and information on which the public would rely
- Potential barriers to compliance with requests from public health officials

The survey of health care professionals in Indiana was a web-based study designed to provide an initial opportunity for doctors, nurses and other health care providers to share their thoughts on some of the policy options being considered by Indiana state health officials. This report provides a summary of the major findings of these three surveys with the initial focus on the public opinion studies.

Public Opinion Survey Findings

Two separate telephone surveys were conducted using the same questionnaire and the same sampling strategy. One was intended to be representative of the entire U.S. and the other of Indiana. A random sample of households was contacted by phone resulting in representative samples of each geographic area. Sample sizes for each area yielded margins of error of no more than +/- 4% for questions asked of all respondents. The average interview lasted slightly more than 10 minutes. Standard statistical techniques were used to apply post-stratification weights in order to compensate for non-response. The weighted characteristics of both samples are shown in Table 1.

Table 1. Respondent Demographics

	U.S.	Indiana
Sample N	625	618
Male	49.1%	49.0%
Female	50.9	51.0
18-24	13.9%	13.6%
25-44	34.9	39.8
45-64	32.6	29.5
65 +	18.6	17.1
White	79.6%	86.3%
Black	5.6	7.8
Hispanic	6.8	1.6
Other	7.9	4.3
Full-Time	50.2%	52.5%
Part-time	11.5	12.2
Not employed	38.3	35.3
Infirm	34.1%	40.7%
55 and older	33.0%	32.4%
Kids at home	29.1%	37.4%

These results show that age race and gender characteristics of the sample are representative of the geographic areas for the populations surveyed. Employment was a key variable of interest in this study since potential requests for quarantine may be harder to enforce with those who are

employed outside the home. Respondents were also asked to rate their own health as “excellent, very good, good, fair or poor”. Those who rated their own health as less than “very good” were classified as “infirm” and considered having potential problems caring for oneself in times of a health crisis. The elderly were also considered potentially vulnerable as were those with children at home. The employed, infirm, elderly and those with children will be given special consideration in the following analyses.

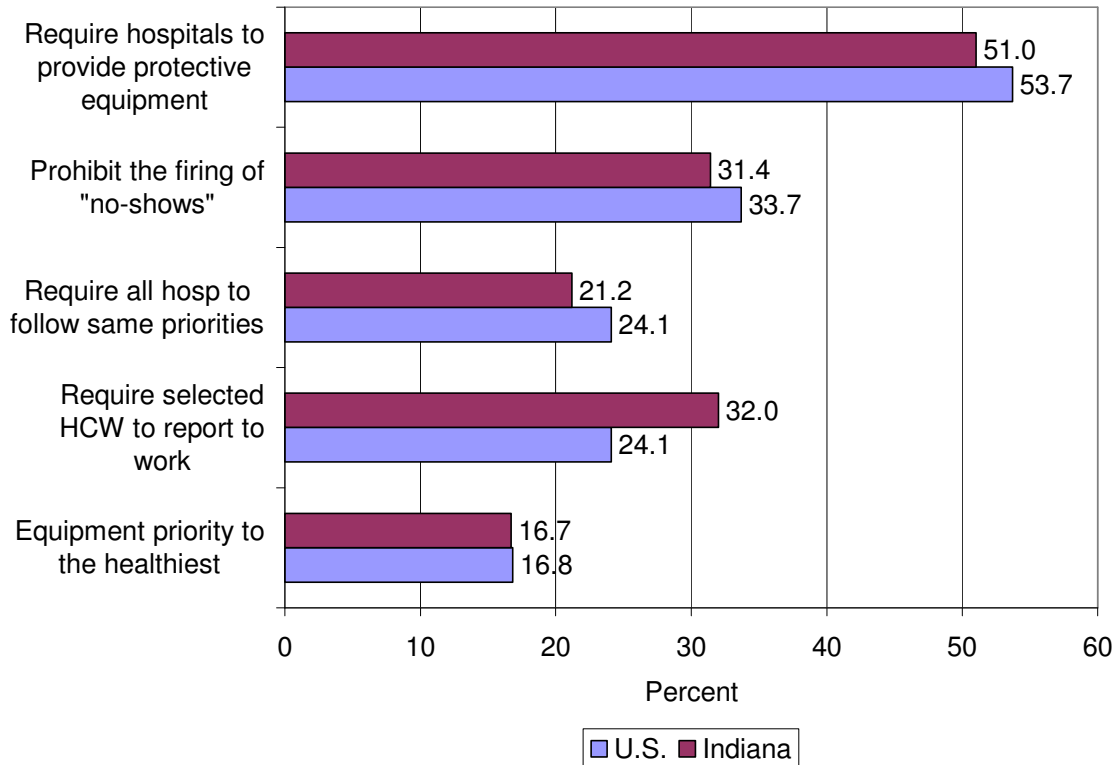
Assessment of Emergency Response Policies

There are a series of potential policies being considered, or currently implemented, by state health officials in Indiana and elsewhere in the country. These policies were read to respondents in randomized order. After each one, respondents were asked to indicate if they “strongly approved, approved, disapproved or strongly disapproved” of the policy. The policies specified were the following:

- The State will identify healthcare workers who are deemed to be critically necessary and require them to report to work during a pandemic.
- The State will not allow health care organizations to fire employees who stay home during the epidemic.
- The State will require all healthcare institutions to maintain all medical supplies necessary to protect personnel expected to interact with patients during a pandemic.
- If patient demand for certain hospital equipment, like respirators, is higher than the number available, priority will be given to patients who are most likely to get well rather than based on the age of the patient or whether they have dependents.
- The State will encourage all hospitals to adopt the same set of priorities for allocating scarce resources like medicine or respirators.

Figures 1 display the results of those who “strongly agree” in Indiana and the United States.

Fig. 1: Percent Who “Strongly Agree” with Selected Policies, U.S. and Indiana



There are some discrepancies in priorities between adults nationwide and those in Indiana. Most strongly agree that hospitals should be responsible for providing protective equipment, and about one third feel as strongly that that health care employees who choose not to show up to work during a pandemic crisis should not be fired for this. However, Indiana adults are significantly more likely than adults nationally to support the policy of having the state identify healthcare workers who are deemed to be critically necessary and require them to report to work during a pandemic. There was least support among both groups for the policy of allocating limited medical equipment to those who were most likely to get well.

Figures 1a and 1b show the breakdown of the same information for Indiana and the U.S., respectively. These graphs highlight the differences in attitudes between the infirm, the elderly and those with children in each population.

Fig. 1a. Percent Approval for Selected Policies (Indiana)

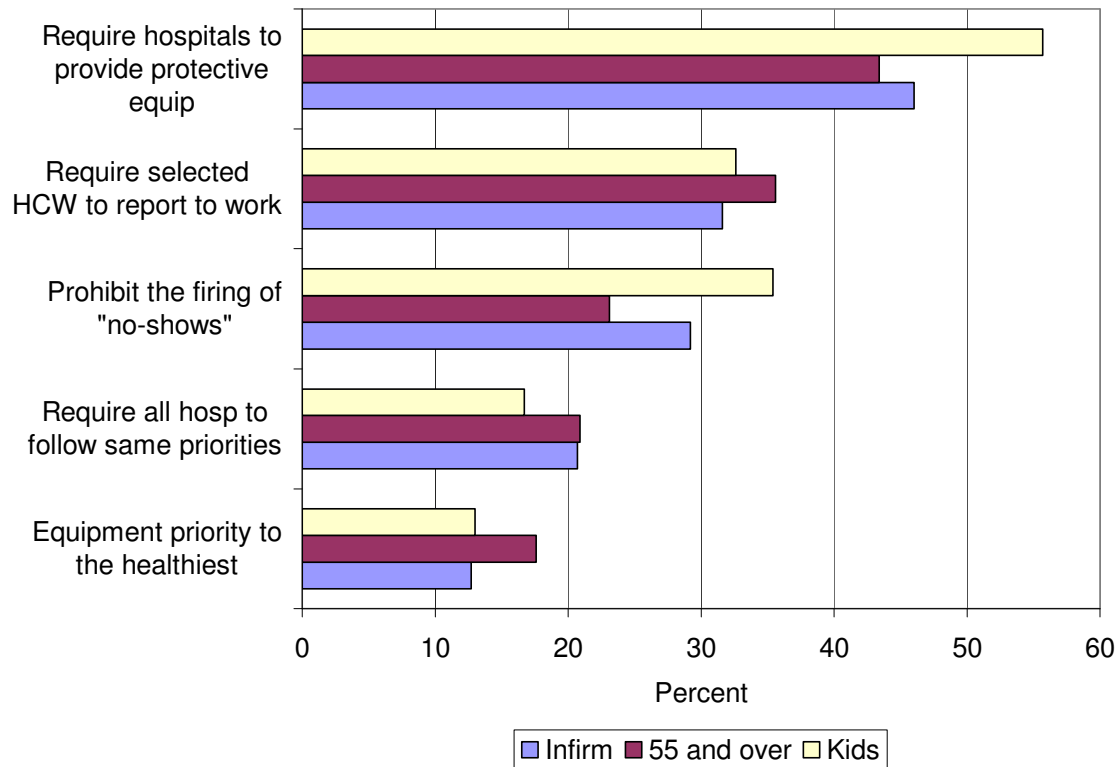
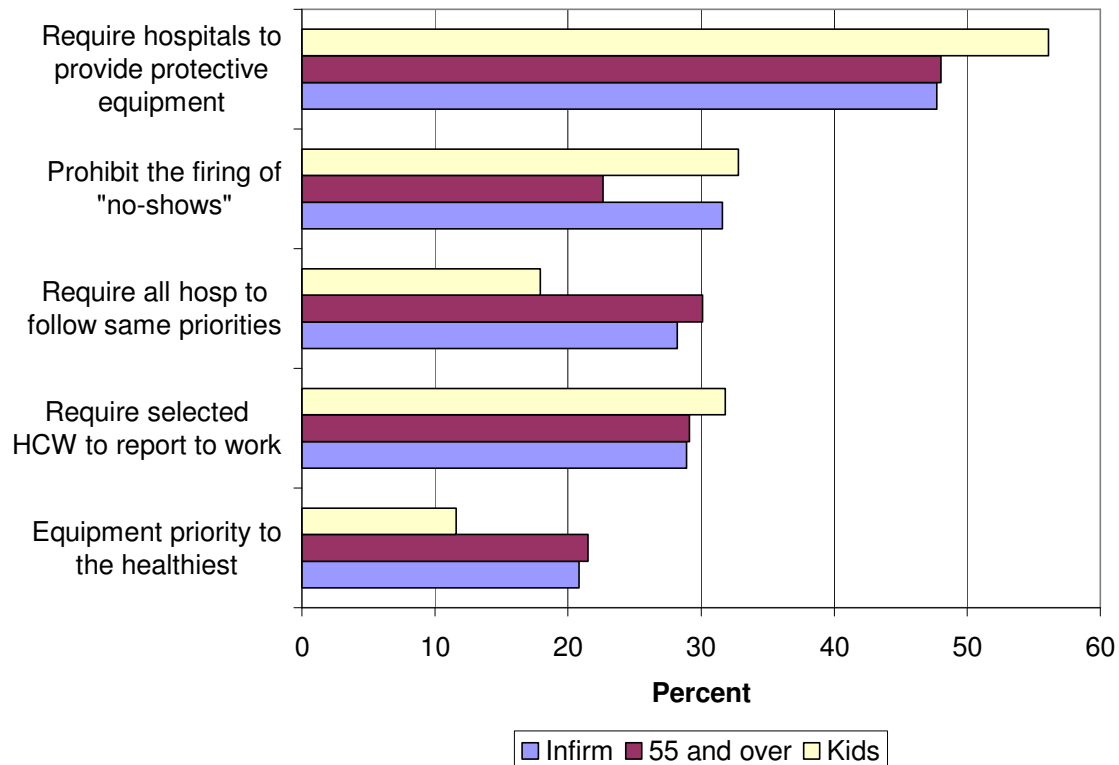


Fig. 1b. Percent Approval for Selected Policies (U.S.)



Assessment of Emergency Response Priorities

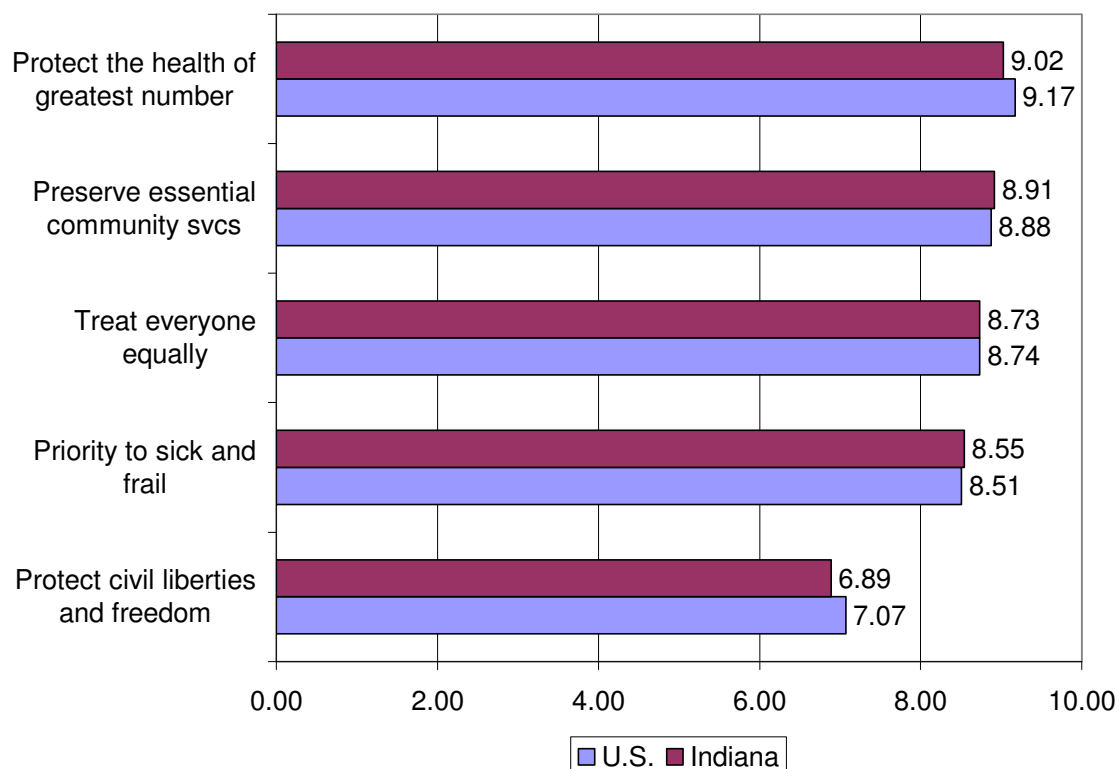
One part of the interview was designed to assess how the public rated a variety of potentially competing priorities faced by public health officials. A brief scenario of the consequences of an influenza pandemic was described pointing out that many people who became sick would need to be cared for at home. The following question was then asked:

“If there was such a severe outbreak of pandemic flu in your community, more people will need medical care than the system has the ability to provide. Given the state of limited resources, health officials might have to recommend a change in priorities to slow the spread of the disease. I am going to read you a set of five different priorities. After I read each one, please rate each on a scale of 1 to ten, where one has a very low importance and 10 has a very high importance.

On a scale of 1 to 10, how important is it for health officials to:

- a. Treat everyone as equally as possible*
- b. Protect the health of the greatest number of people*
- c. Give priority to sick and frail people in getting assistance*
- d. Aim to preserve essential community services like electricity and law enforcement*
- e. Do not interfere with the civil liberties or freedoms of people in your community”*

Fig. 2: Average Ratings of Emergency Response Priorities, U.S. and Indiana



The order in which the priorities were presented was randomized for each interview to avoid effects that might result from always presenting some priorities before others. Some of the priorities are clearly mutually exclusive; priority can not be given to the sick and frail if the goal is to protect the health of the greatest number. Nor can everyone be treated as equally as possible if the system is set up to give particular attention to those responsible for community services.

Figure 2 displays the fact that, in Indiana as well as the rest of the U.S., most adults do not understand these dilemmas as such. When asked to rate the importance of these issues during a pandemic crisis, the majority of adults rate all issues as being almost equally important, with the exception of protection of civil liberties and freedom which may need to be temporarily curtailed to some extent.

Figures 2a and 2b show the breakdown of the same information for Indiana and the U.S., respectively.

Fig. 2a: Average Ratings of Emergency Response Priorities (Indiana)

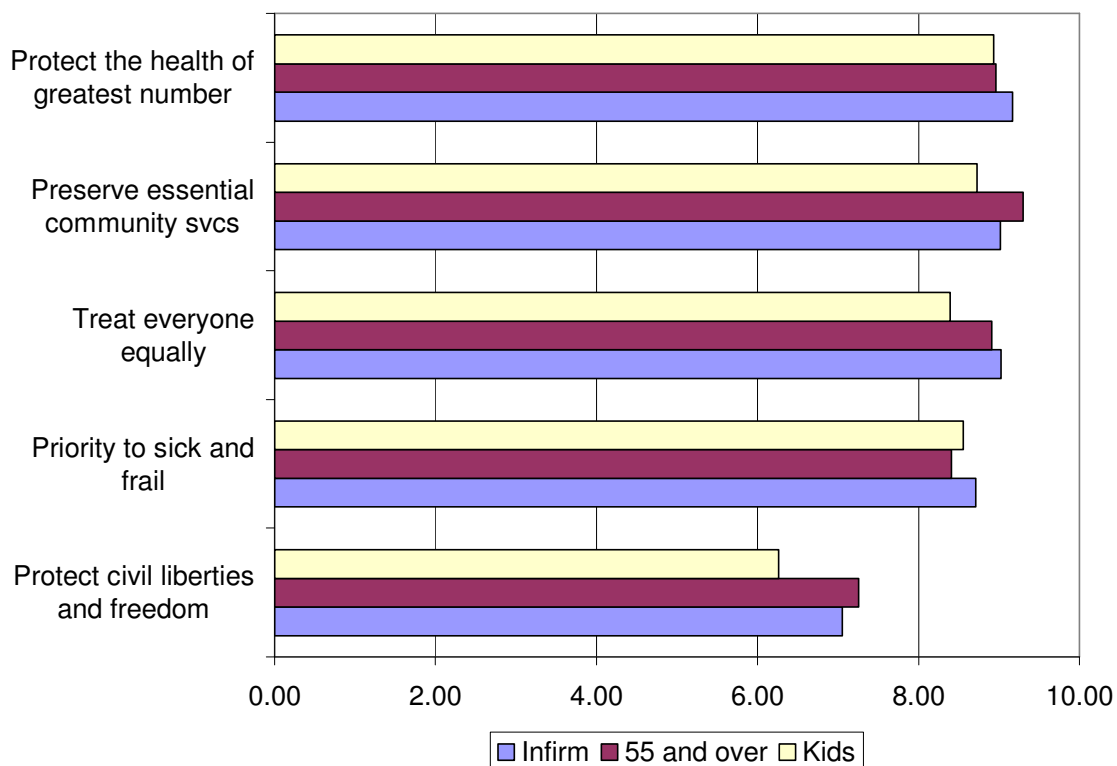
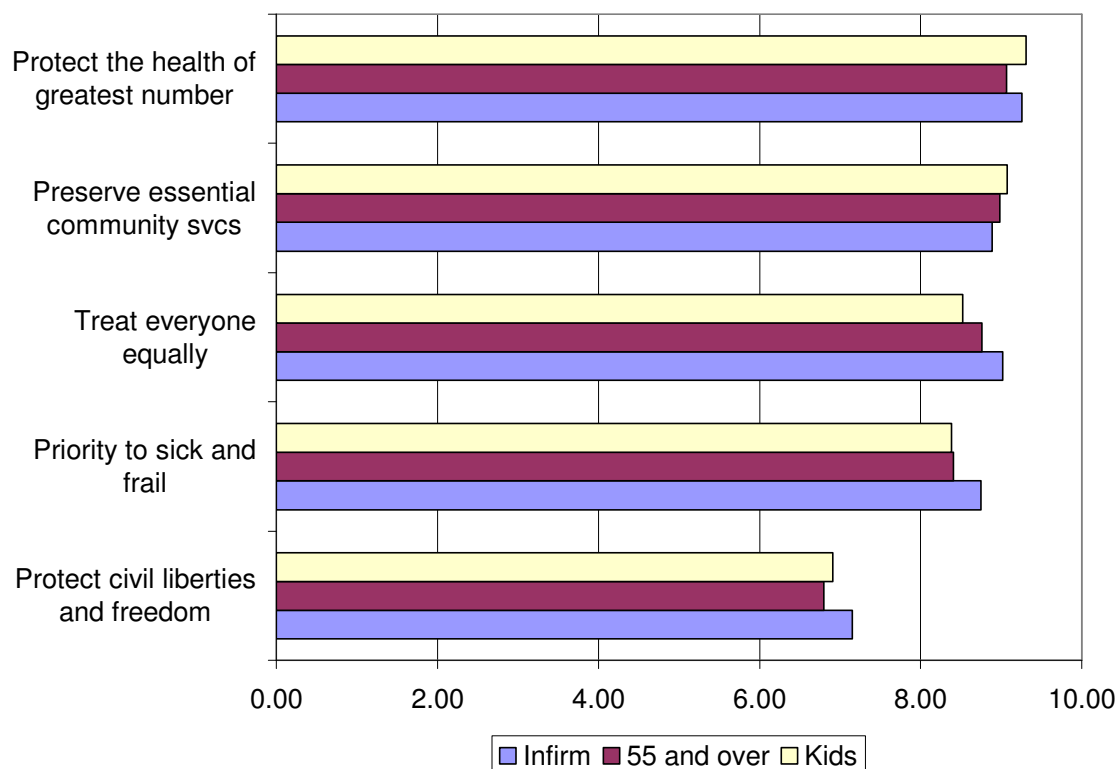


Fig. 2b: Average Ratings of Emergency Response Priorities (U.S.)



Compliance with Quarantine and Home Care Requests

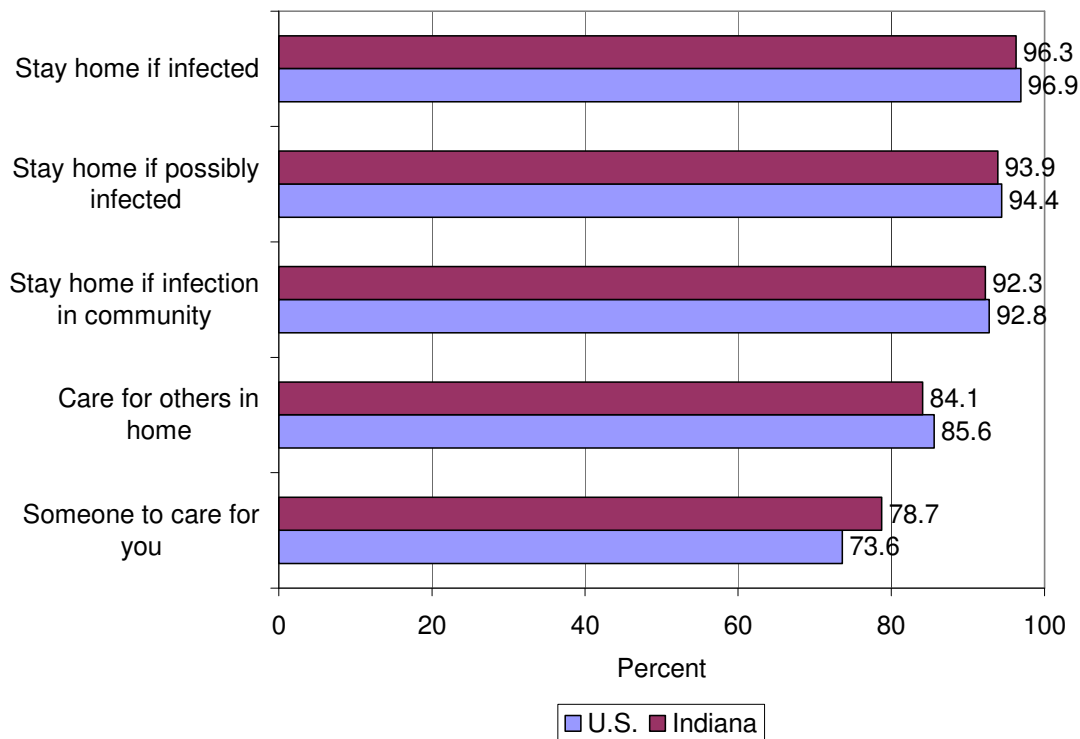
One important aspect of this research was to determine what proportion of the population feels they would be willing and/or able to comply with requests to stay home under a variety of situations to prevent the spread of the disease and, if necessary, care for others in their home who have become ill. The following questions were asked to address these issues:

Suppose you had pandemic flu and health officials recommended that you stay at home, away from other people for 7 to 14 days. Is this something you would do?

If public health officials thought you might have been exposed to pandemic flu and recommended that you stay at home for 7 to 14 days so that you would not expose other people to the disease, is this something you would do?

If public health officials recommended that you stay at home for 7 to 14 days to help protect yourself and other household members from being exposed to the disease outside your home, is this something you would do?

Fig. 3: Percent Willing to Agree to Quarantine and Home Care, U.S. and Indiana



If public health officials said you should be prepared to take care of members of your household at home for 7 to 14 days if they become sick, would you be able to stay home and care for them?

If you were sick with pandemic flu and you had to remain at home for 7 to 14 days, is there someone who could care for you at home?

It is clear from the answers to the first few questions that the vast majority of Americans would be willing to stay home during a pandemic influenza crisis if asked to by public health officials. Those who reported they could not stay home to care for others were asked to give the main reason. The great majority stated that staying home would create a serious financial hardship, while a smaller proportion mostly reported their own health problems would prevent them from caring for others.

Most would be willing to care for others in their homes during such a crisis, but between 20 and 25 percent of adults report they would not have anyone to take care of them in their homes if they became ill. Figures 3a and 3b show the breakdown of the same information for Indiana and the U.S., respectively.

Fig. 3a: Percent Willing to Agree to Quarantine and Home Care (Indiana)

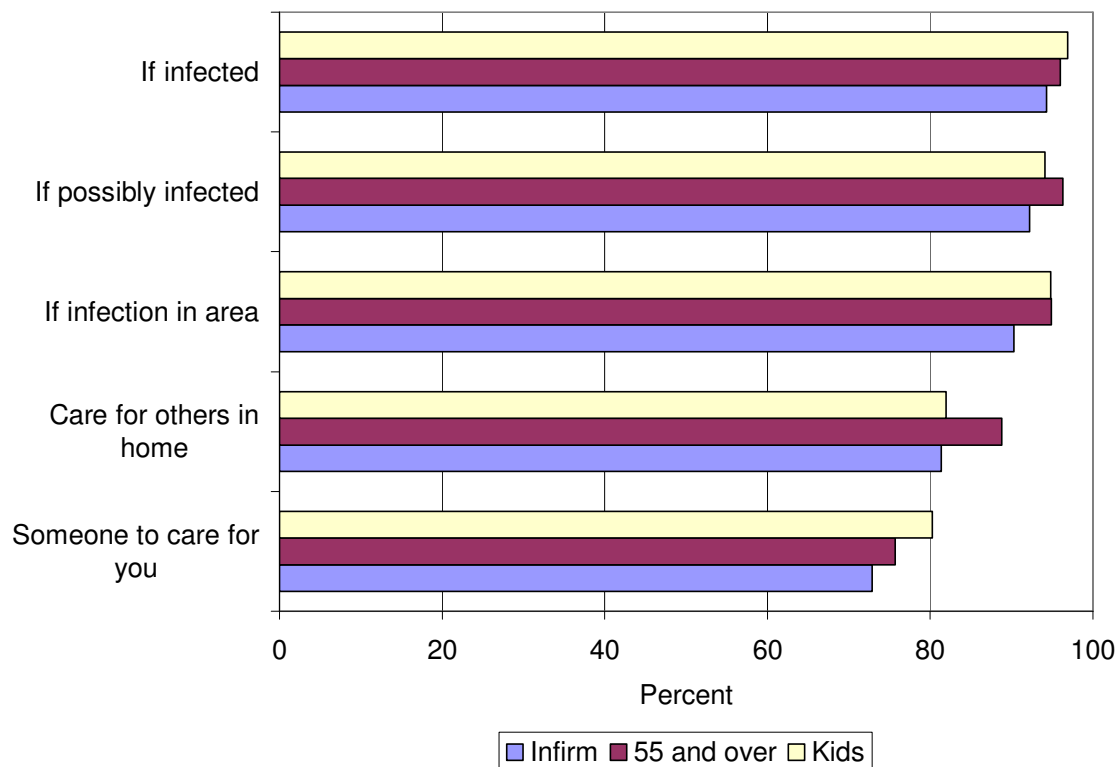
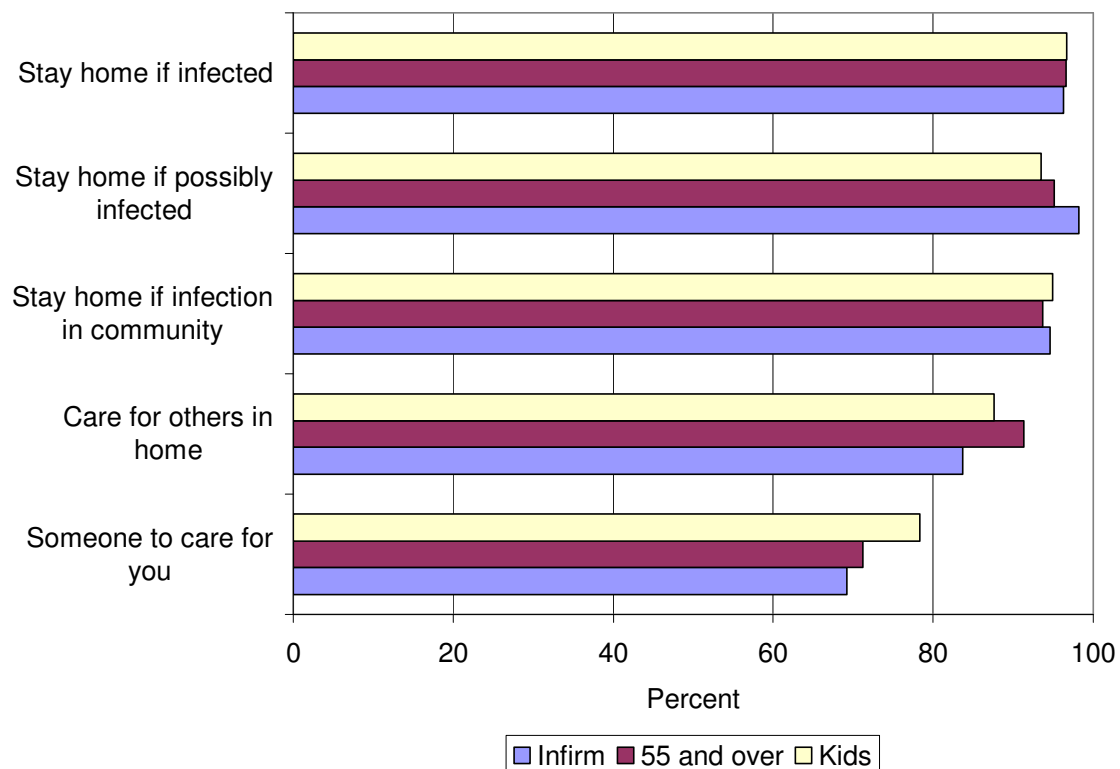


Fig. 3b: Percent Willing to Agree to Quarantine and Home Care (U.S.)

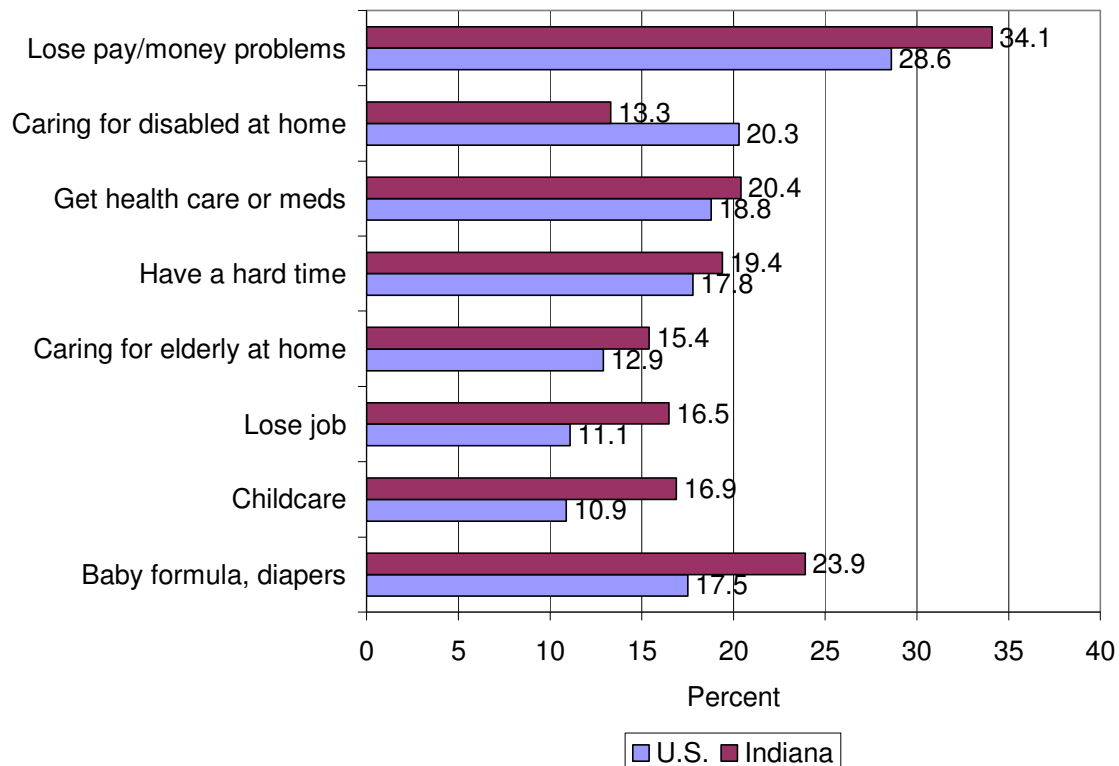


Realizing that each household has its own set of potential problems, the interview was designed to identify issues that might affect many homes if quarantine measures were put into place. The following questions addressed a list of problems:

Here is a list of problems people might have while staying at home in the event of an outbreak of pandemic flu. If you were asked to stay at home for 7 to 14 days and avoid contact with anyone outside your household, how likely do you think it is that each of the following would happen to you or a member of your household? How about (READ ITEM)? Do you think that it is very likely, somewhat likely, not too likely, or not at all likely?

- a. *You or a member of your household might be unable to get the health care or prescription medications that you need*
- b. *You or a member of your household might have a hard time being stuck at home for so long*
- c. *You or a member of your household might lose pay and have money problems*
- d. *You or a member of your household might lose your job or business as a result of having to stay home*

Fig. 4: “Very Likely” Problems Related to Home Quarantine, US. and Indiana



(The following were only asked when applicable:)

- e. You might not be able to get baby formula, diapers, or other important things for a baby in your household*
- f. You might have difficulty taking care of the (child/children) under age 5 in your household*
- g. You might not be able to get care for a disabled person in your household*
- h. You might not be able to get care for an older person in your household*

Figure 4 shows the percent of adults that reported any of the problems would “very likely” happen to them or someone in their home. For the average adult, financial problems would most likely occur. Far more adults outside of Indiana reported that caring for someone disabled at home would very likely be a problem. But the remainder of the issues appear to create as much a problem for Indiana residents as for the rest of the country. Figures 4a and 4b show the breakdown of the same information for Indiana and the U.S., respectively.

Fig. 4a: “Very Likely” Problems Related to Home Quarantine (Indiana)

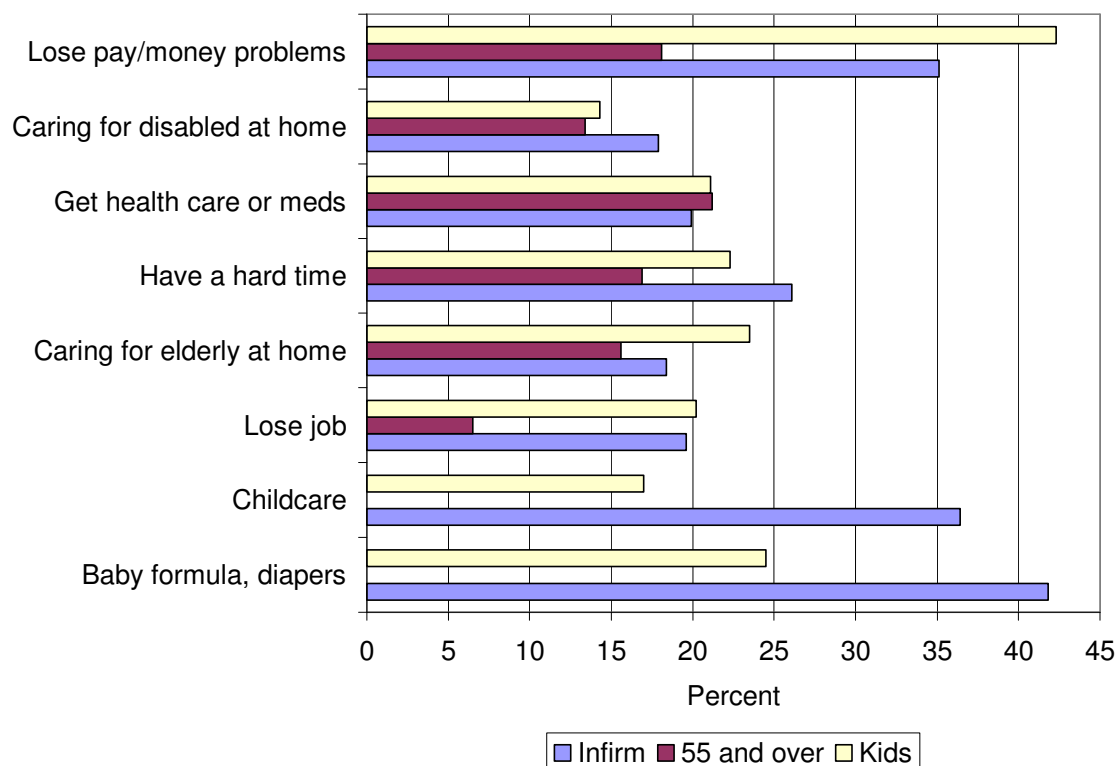
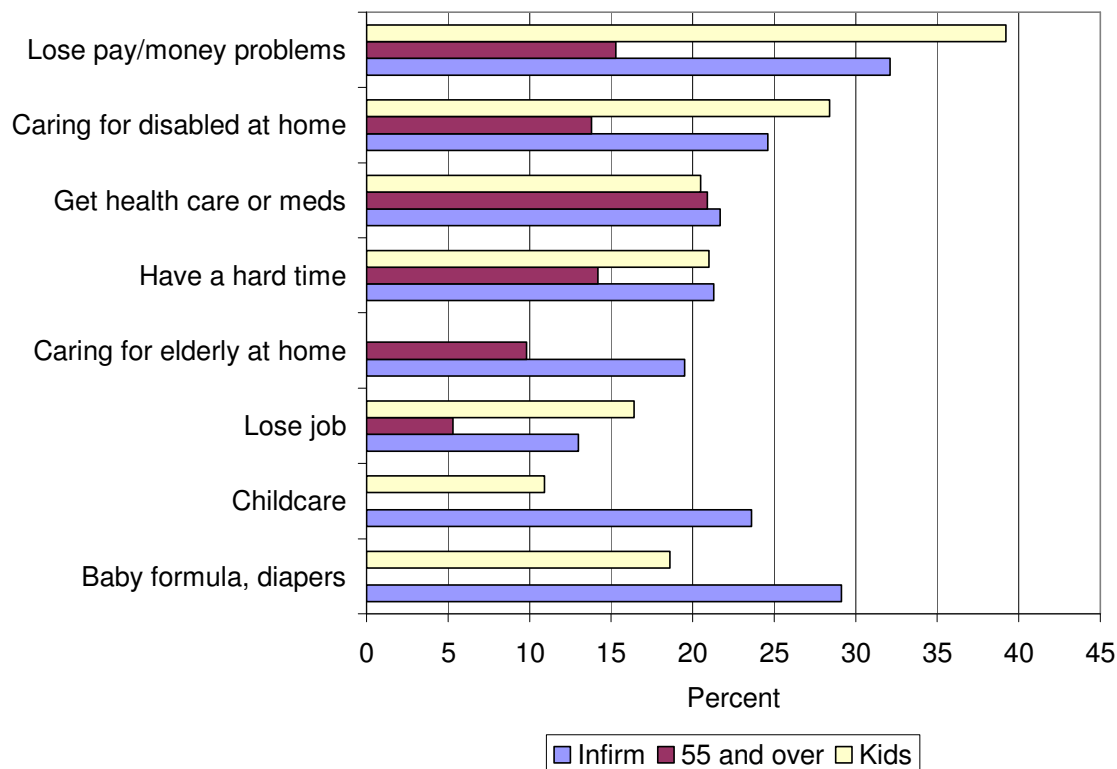


Fig. 4b: “Very Likely” Problems Related to Home Quarantine (U.S.)

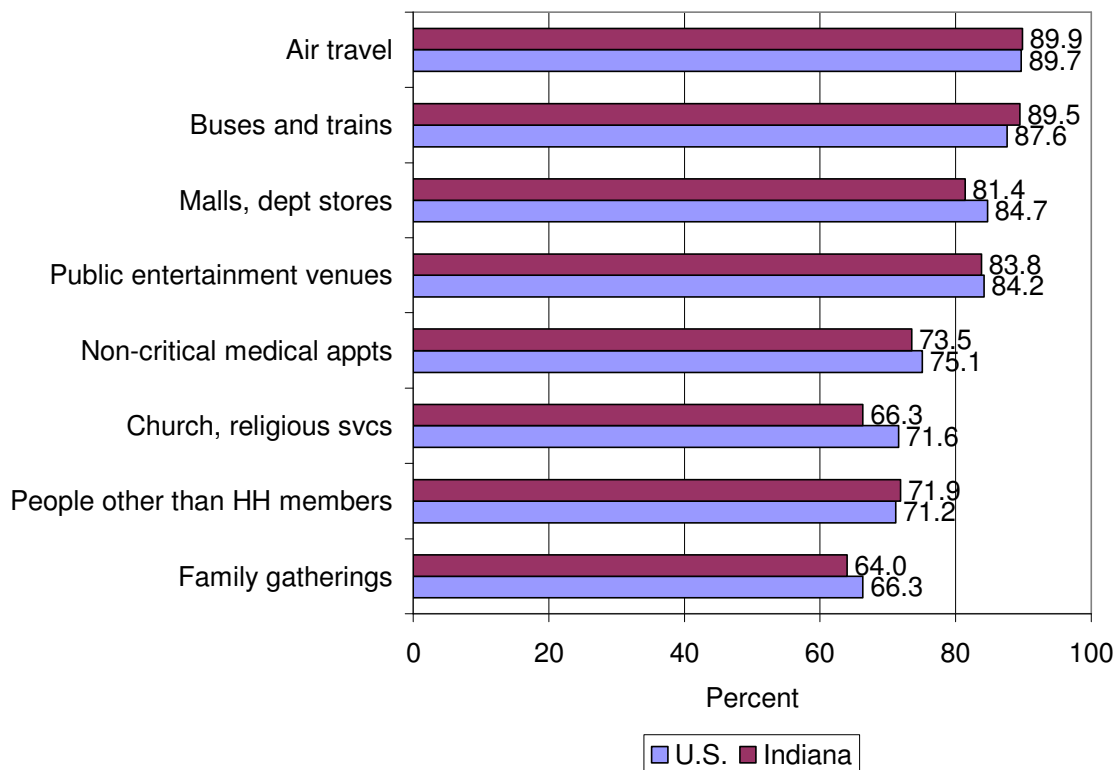


Another set of questions was designed to determine attitudes and potential compliance with requests to restrict travel and interactions with large groups in public places:

Now I'm going to read you a list of steps that public health officials might advise. These steps would help prevent the spread of severe flu and help protect you and your family from catching it. As I read each one, please tell me how likely it is that you would follow this recommendation from public health officials. How about (READ ITEM)? Do you think that is very likely, somewhat likely, not too likely, or not at all likely you would do this for a month?

- a. Avoiding going to public events like movies, sporting events, or concerts*
- b. Avoiding going to malls and department stores*
- c. Postponing family or personal events such as parties, weddings, or funerals*
- d. Avoiding air travel*
- e. Limiting your use of public transportation, buses and trains*
- f. Canceling doctor or hospital appointments that are not critical at the time*
- g. Reducing contact with people outside your own household as much as possible*
- h. Avoiding going to church or religious services*

Fig. 5: “Very Likely” Compliance to Travel Restrictions, U.S. and Indiana



The great majority of the public would be very likely to refrain from air travel and public transportation during a pandemic crisis if needed. Shopping and public entertainment venues would also be readily curtailed. People would be a bit more reluctant to give up on regular health checkups, church services and interaction with others outside of their own home. Family gatherings would be the type of activity people would be least likely to give up, but a clear majority report they would be very likely to comply with such a request.

Fig. 5a: “Very Likely” Compliance to Travel Restrictions (Indiana)

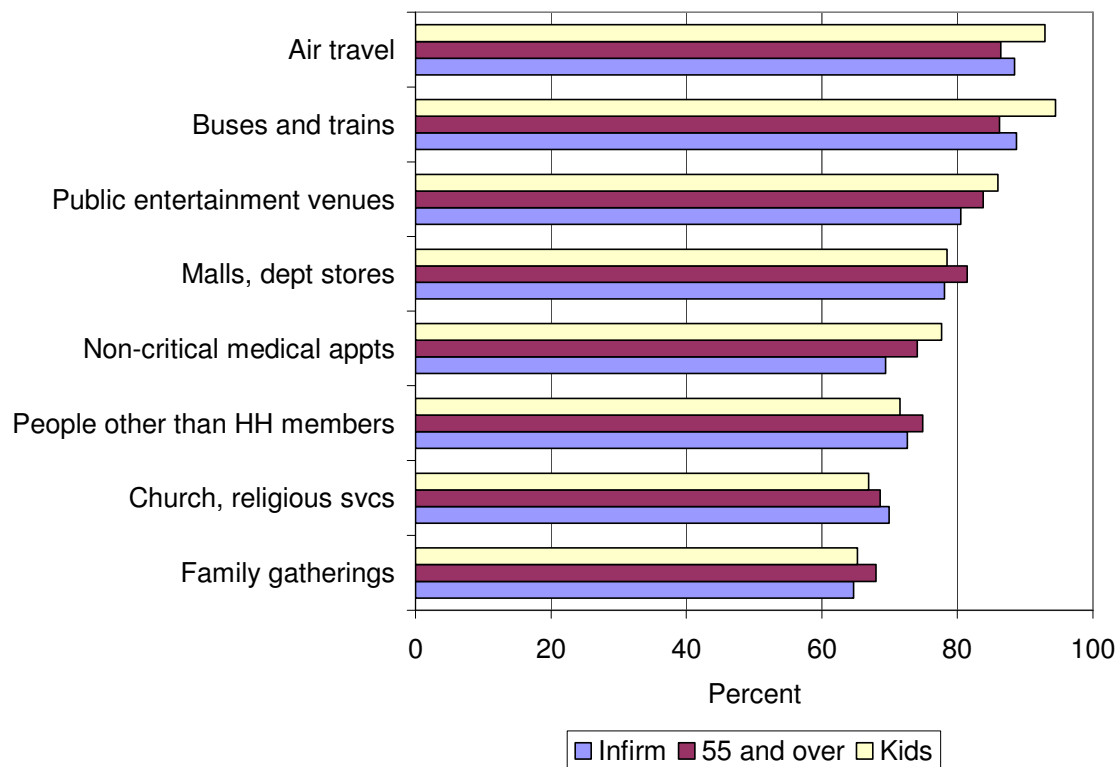
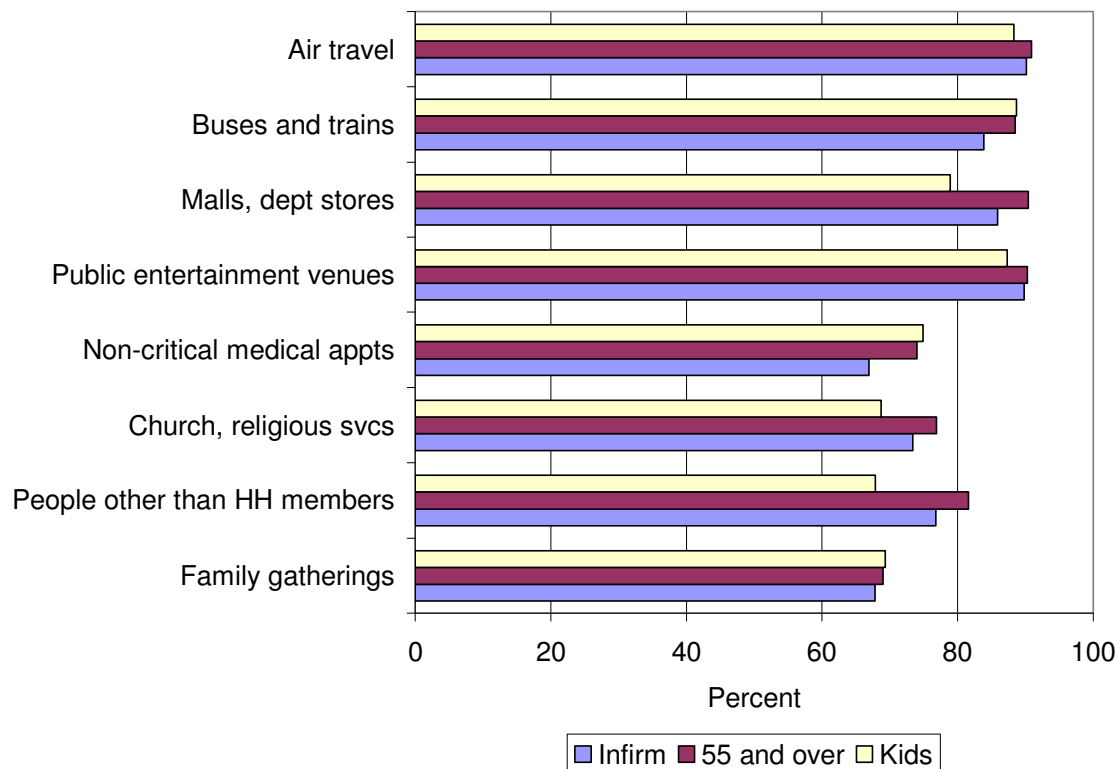


Fig. 5b: “Very Likely” Compliance to Travel Restrictions (U.S.)



Sources of Assistance and Information

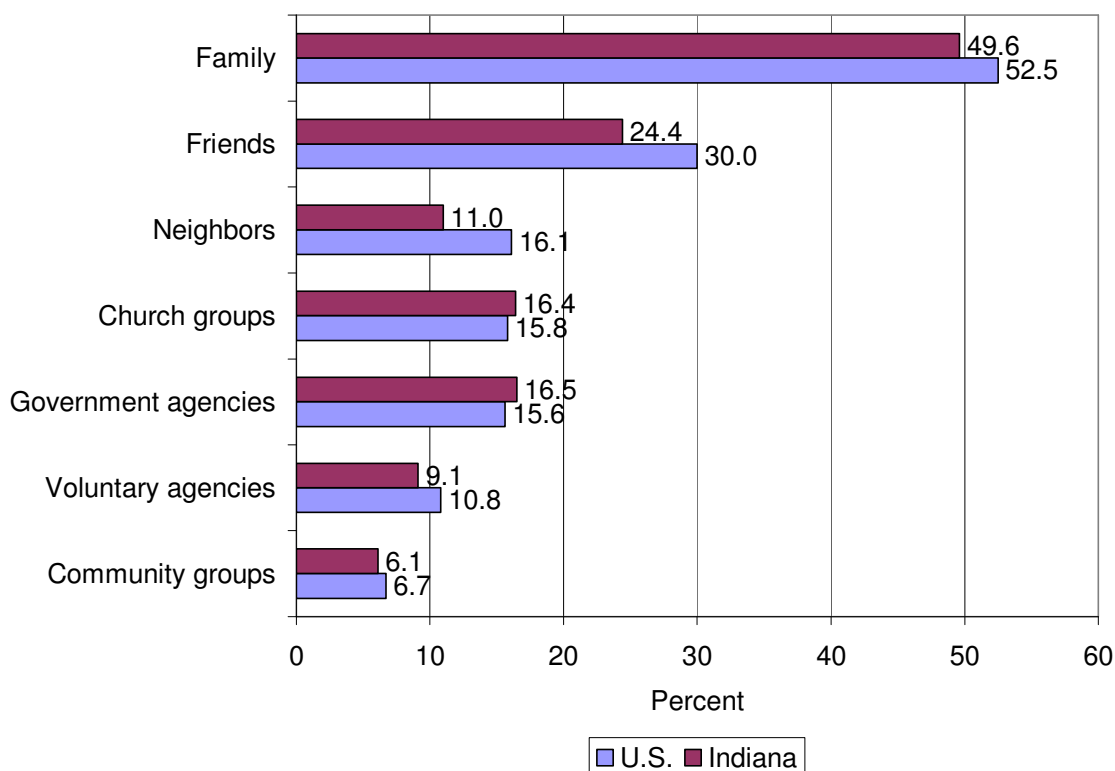
In times of crisis people turn to a variety of sources for help and to learn more about the situation and what to do next. Respondents were asked the following questions to determine what their expectations would be for likely sources of help during an influenza pandemic:

If there was an outbreak of Pandemic flu in your community, how much help would you expect to receive from the following sources? How about (INSERT ITEM)? Would you expect a lot of help, some help, only a little, or no help at all?

- a. Government agencies
- b. Voluntary agencies
- c. Community groups
- d. Church groups
- e. Family
- f. Friends
- g. Neighbors

Figure 6 displays the proportion of people who report they would expect to receive “a lot” of help from each of the potential sources of assistance. Reliance on family members is, by far, the

Fig. 6: Expected Sources of Significant Help, U.S. and Indiana



primary source of help expected by most adults. Reliance on friends is second followed by the other sources mentioned. If respondents reported they expected “a lot” of assistance from government agencies, they were asked to specify what type of assistance they expected. The two most commonly mentioned types of help expected from government agencies were health care assistance and public service announcements keeping everyone informed about the status of the situation and what needs to be done. The medical assistance mostly referred to vaccinations and other types of treatment for the influenza, but also included expansion of existing medical services for those who must stay in their home. Other types of assistance expected included provision of “necessities of life” (food, clean water supply, functioning utilities and ample public safety) while people are staying home.

Fig. 6a: Expected Sources of Significant Help (Indiana)

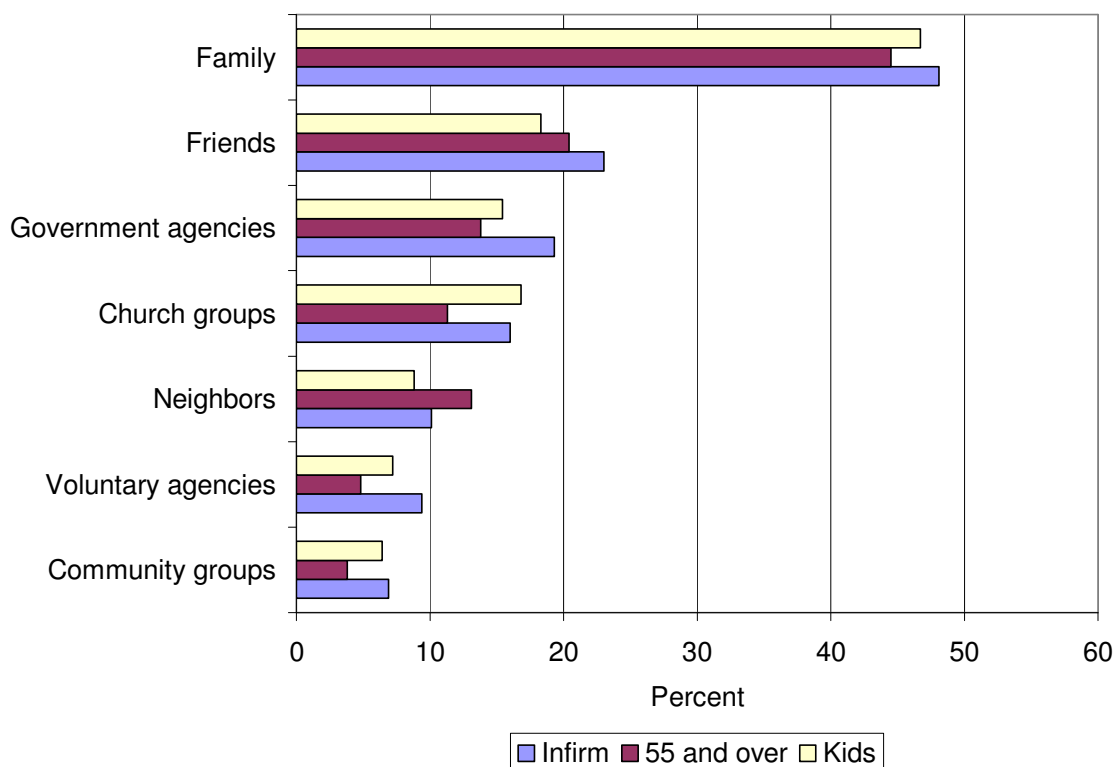
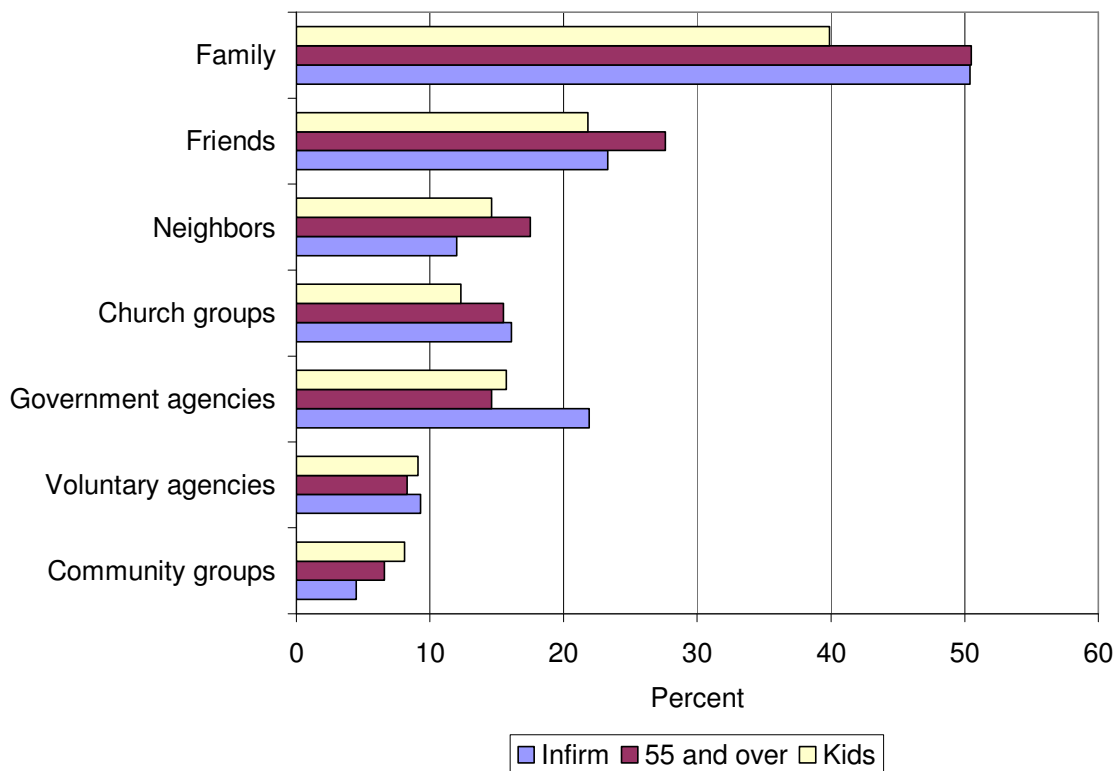


Fig. 6b: Expected Sources of Significant Help (U.S.)



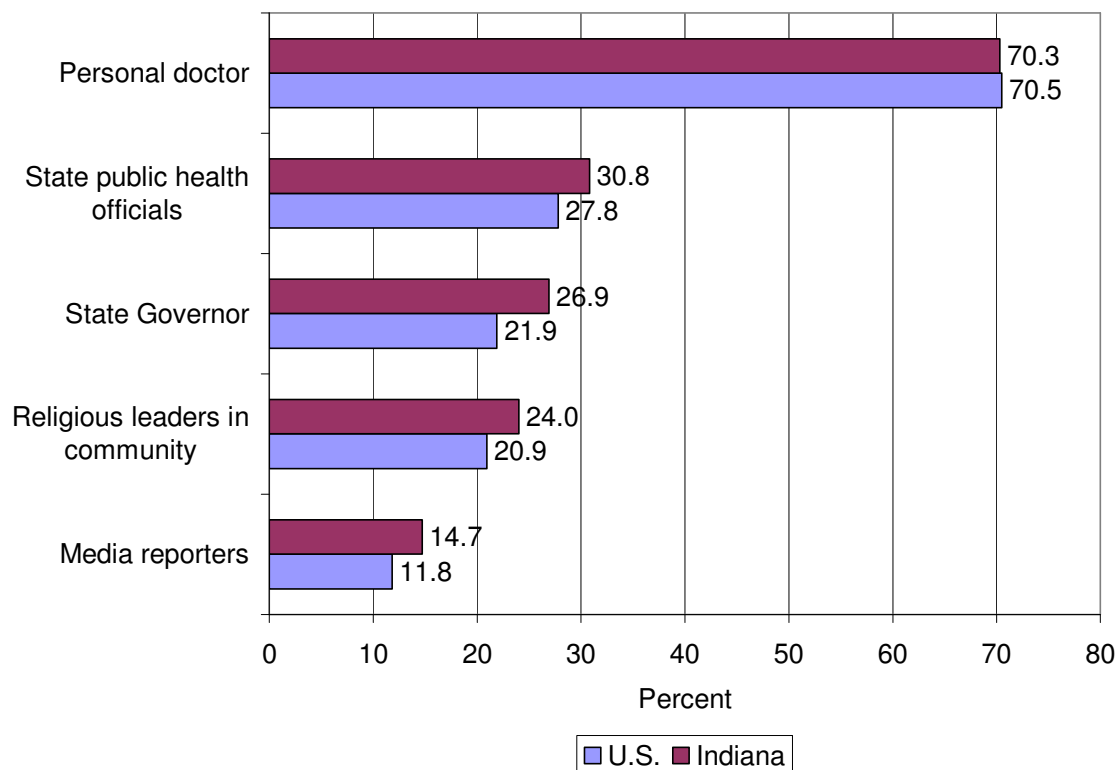
Respondents were asked to assess how much confidence they would have in a variety of different sources of information that might be available during a pandemic influenza crisis:

If there was an outbreak of Pandemic flu in your community, how much confidence would you have in each of the following sources to give you useful and correct information about the outbreak? How about (INSERT ITEM)? Would you trust them a lot, some, only a little, or not at all?

- a. State public health officials*
- b. Reporters at newspapers, magazines, TV or radio*
- c. Your doctor or other health care professional*
- d. Religious leaders in your community*
- e. The governor of your state*

Figure 7 shows the percent of respondents who replied they had “a lot” of confidence in each as a source of information.

Fig. 7: Sources of Significantly Trusted Information, U.S. and Indiana



It is clear that the majority of adult Americans would have more confidence in information received from their personal doctors than any other source of information identified in the interview. It should also be noted that newspaper, television and radio reporters ranked last in the list of significantly trusted sources of information during such a public health crisis.

Fig. 7a: Sources of Significantly Trusted Information (Indiana)

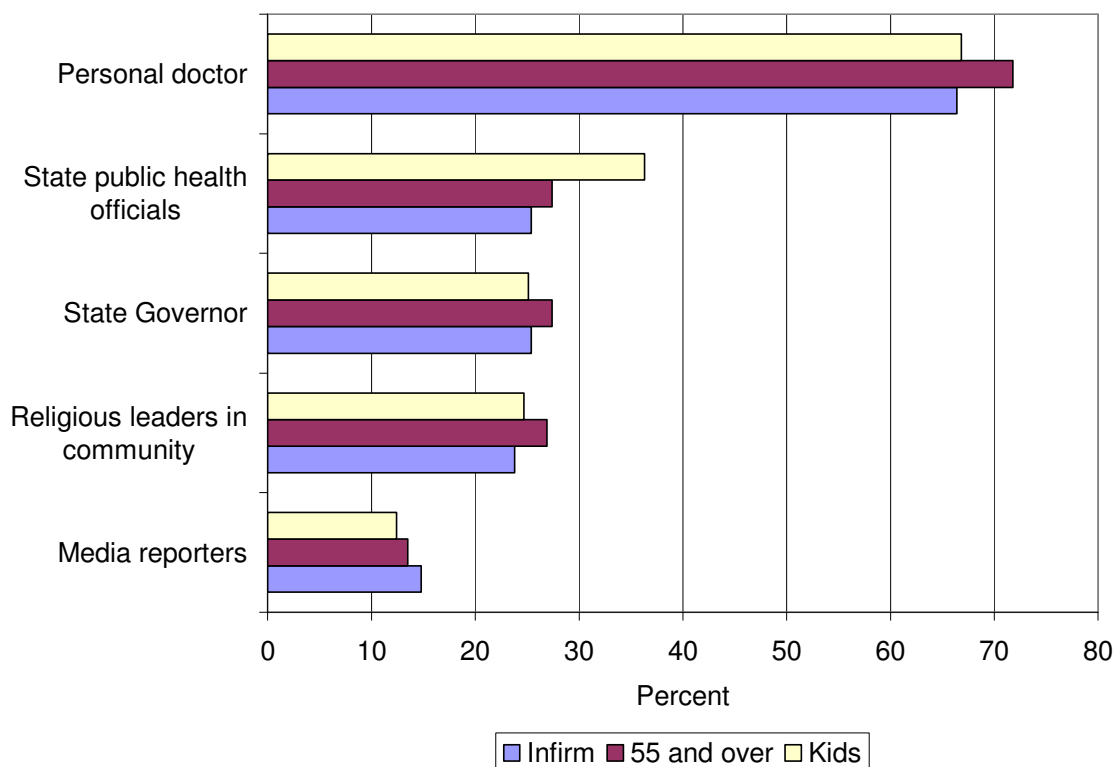
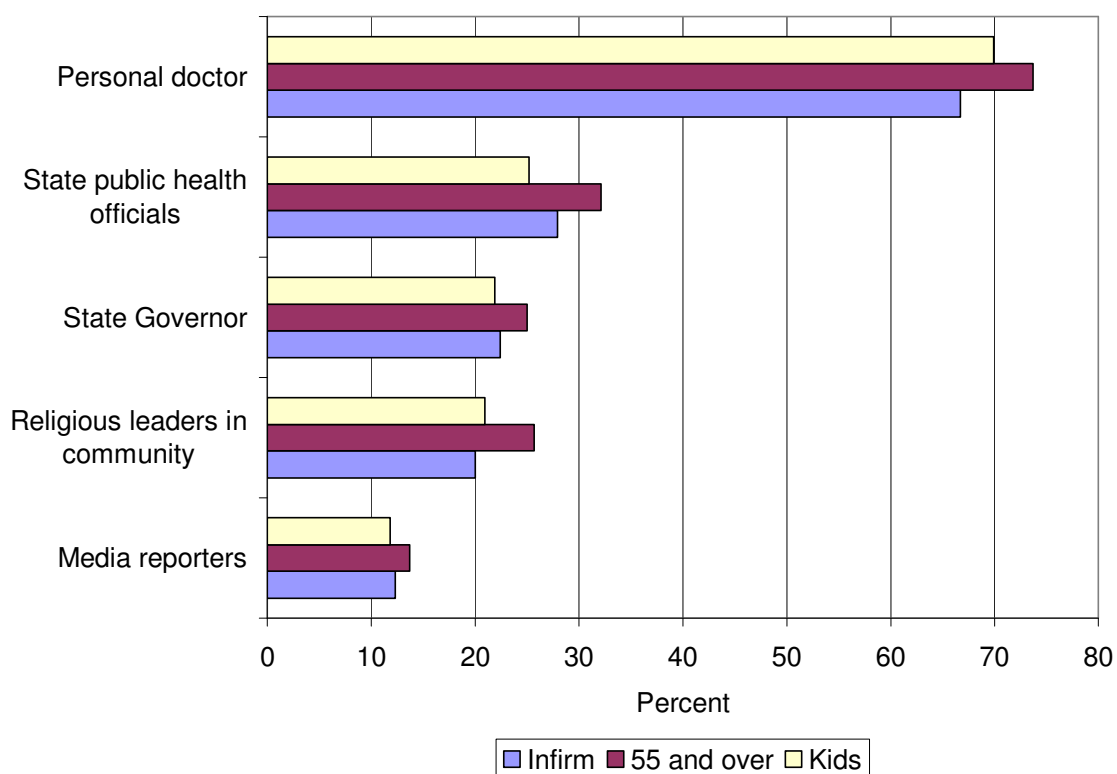


Fig. 7b: Sources of Significantly Trusted Information (U.S.)



Employment-related Issues

One set of questions was only asked of respondents who reported they were employed outside the home. Employment questions not only focused on how likely people would be to stay home from work if asked, but what the implications of their staying home would be:

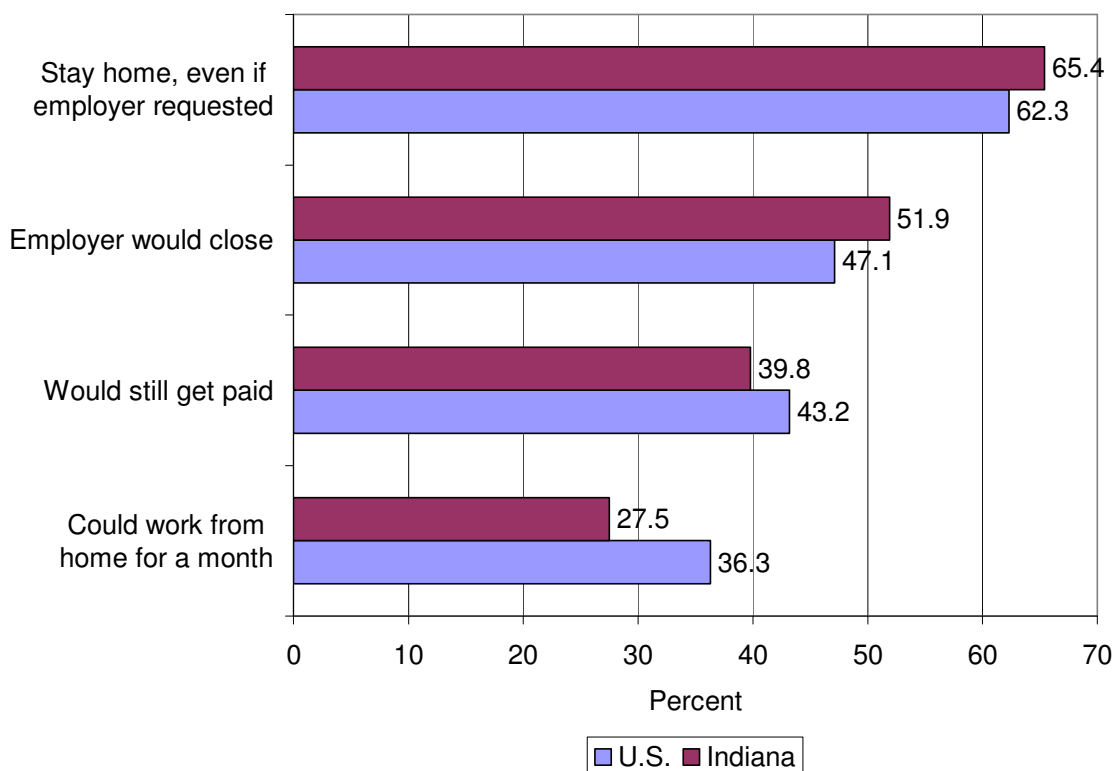
If public health officials said you should stay home from work, but your employer told you to come to work, would you stay at home or go to work?

If the Pandemic flu was very serious and public health officials recommended that some businesses in your community should shut down, do you think your workplace would shut down, or would it stay open?

If you had to stay home for ONE MONTH because of a serious outbreak of Pandemic flu, would you be able to work from home for that long, or not?

If there was a severe outbreak of Pandemic flu in your community and you had to stay away from work, would you still get paid or not, or don't you know?

Fig. 8: Workplace Quarantine Compliance, U.S. and Indiana



Close to a two-thirds majority of workers report they would stay home from work if requested by public health officials even if their employers requested them to come to work. Roughly half of those employed felt their employers would agree to closing the business for the duration of the pandemic if requested. Less than half felt they would be paid during the quarantine, though many of those employed admitted they were not sure if their employer had a policy in place. Roughly one-third of employed respondents outside of Indiana reported they would be able to work from home if they had to stay home for a month. Only about one-fourth of those employed in Indiana would be able to do so.

Fig. 8a: Workplace Quarantine Compliance (Indiana)

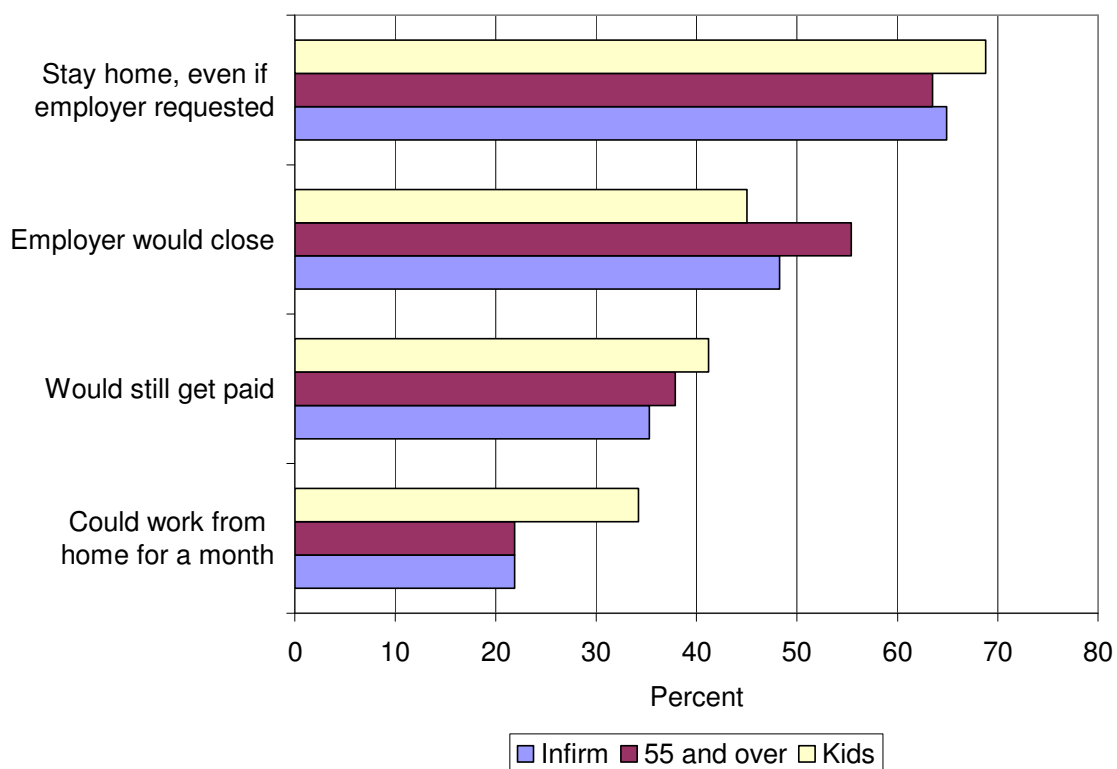
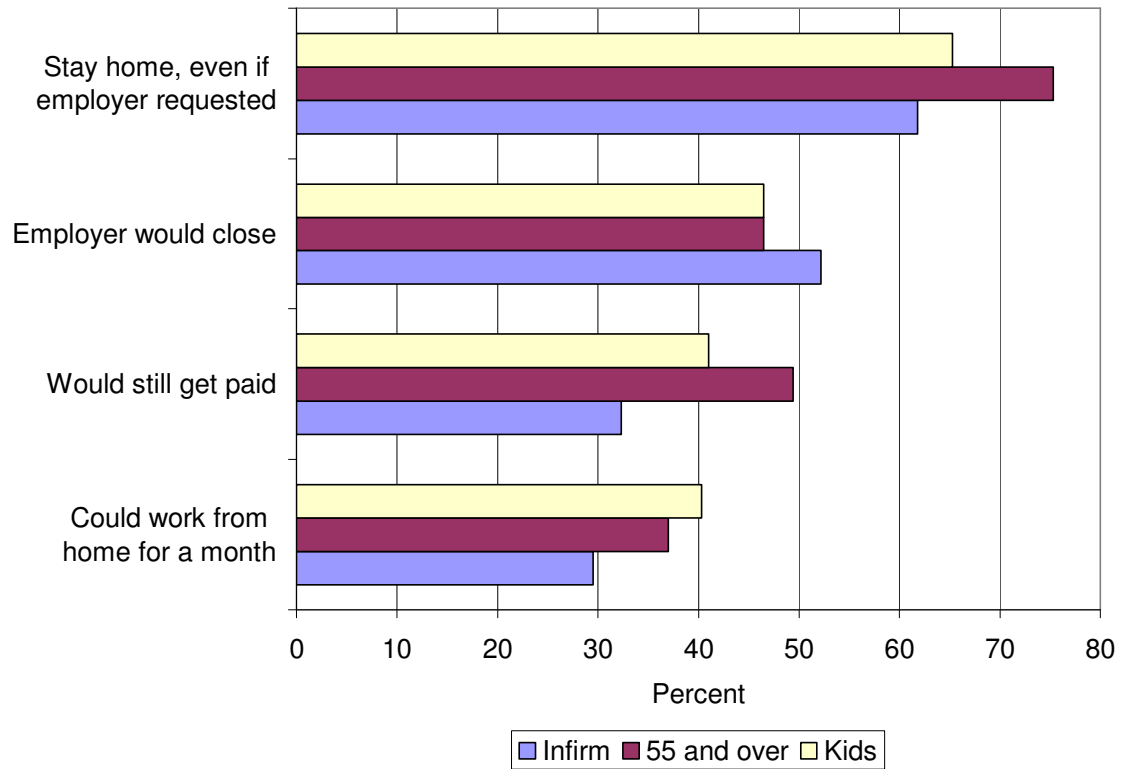


Fig. 8b: Workplace Quarantine Compliance (U.S.)



Health Care Professional Survey Findings

In addition to the survey of public opinion, the research team was also interested in understanding the ethical priorities of health care workers for pandemic influenza preparedness. While an in-depth phone survey with health care professionals would have been preferred, a web survey was administered throughout Indiana during July and August of 2008. Many of the questions used in this survey addressed the same issues covered in the public opinion survey. However, the web survey also included questions specifically applicable to those who would be asked to provide health care services to patients stricken with the disease causing the pandemic.

Respondents were asked to participate in the web survey by the Emergency Preparedness officer at their institution. The EPO was originally contacted about the web survey and encouraged to participate by the Indiana State Health Department. A total of 585 responses were collected by the time data were analyzed for this report.¹

Table 2. Demographic Characteristics of Web Survey Respondents

	Count	Percent
Physician	22	3.8
Nurse	330	56.7
Other	230	39.5
Male	84	14.7
Female	488	85.3
Dist 1	27	4.7
Dist 2	39	6.8
Dist 3	53	9.2
Dist 4	24	4.2
Dist 5	131	22.9
Dist 6	39	6.8
Dist 7	151	26.4
Dist 8	61	10.6
Dist 9	13	2.3
Dist 10	35	6.1
Under 35	98	18.4
35-44	122	22.9
45-54	180	33.8
55+	133	25.0

¹ Data collection on the web survey will continue to be collected since the daily response has not dropped off significantly prior to the analysis.

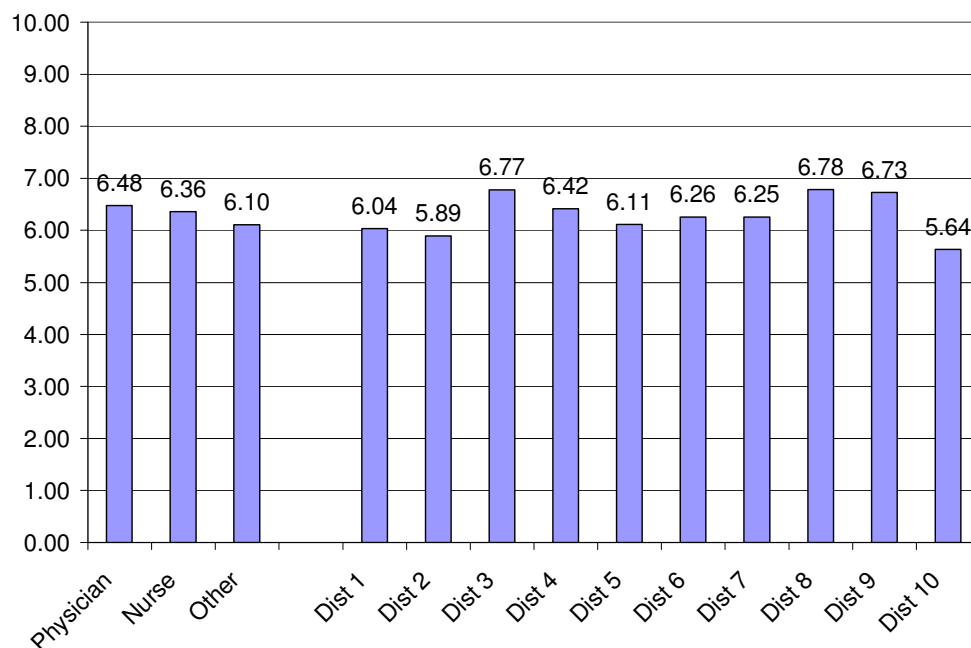
Less than five percent (N=22) of the respondents to the web survey were physicians. Of those who were neither nurse nor physician, most were divided into two groups of about two-thirds medical care providers (pharmacists, therapists, technicians) and one-third hospital administrative personnel. All ten ISDH districts were represented, though not proportionally.

Management of the Healthcare Workforce

A pandemic raises questions in the area of healthcare workers' obligations to provide care; employers' expectation for staff, potential sanctions for absenteeism, and employers' responsibilities to their staff. Respondents were asked to indicate their opposition or support for the following statements on a scale of zero (Strongly Oppose) to 10 (Strongly Support).

The State should be the responsible agency to identify categories of critical healthcare workers necessary during the pandemic.

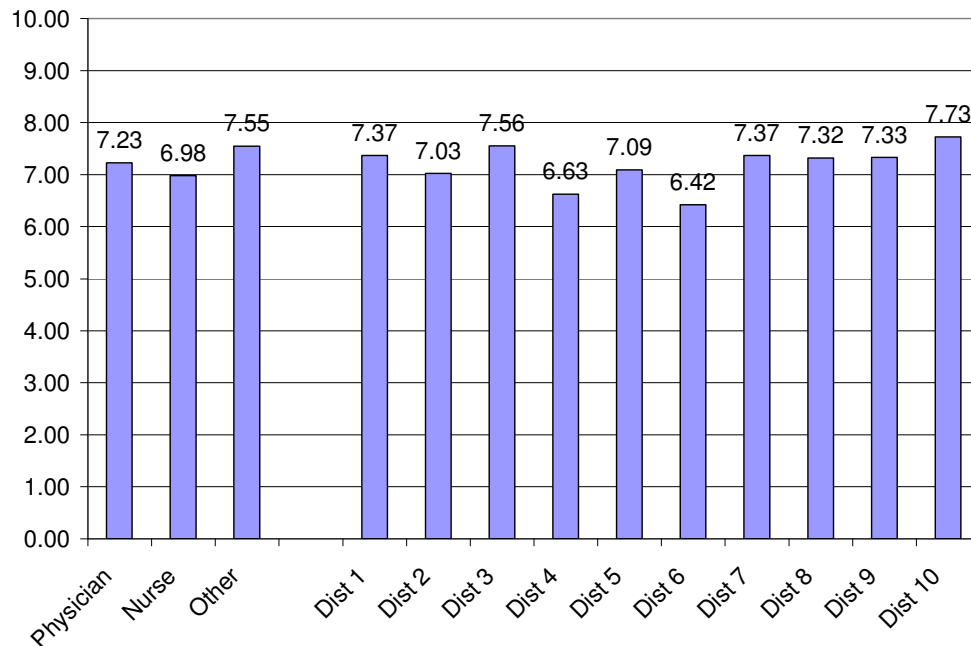
Fig. 9: State Should be Responsible for Identifying Critical Healthcare Workers



The results shown in this graph, and the remaining graphs, display the average response given by respondents in each of the three employment type categories as well as by respondents in each of the 10 ISDH Emergency Preparedness Districts.

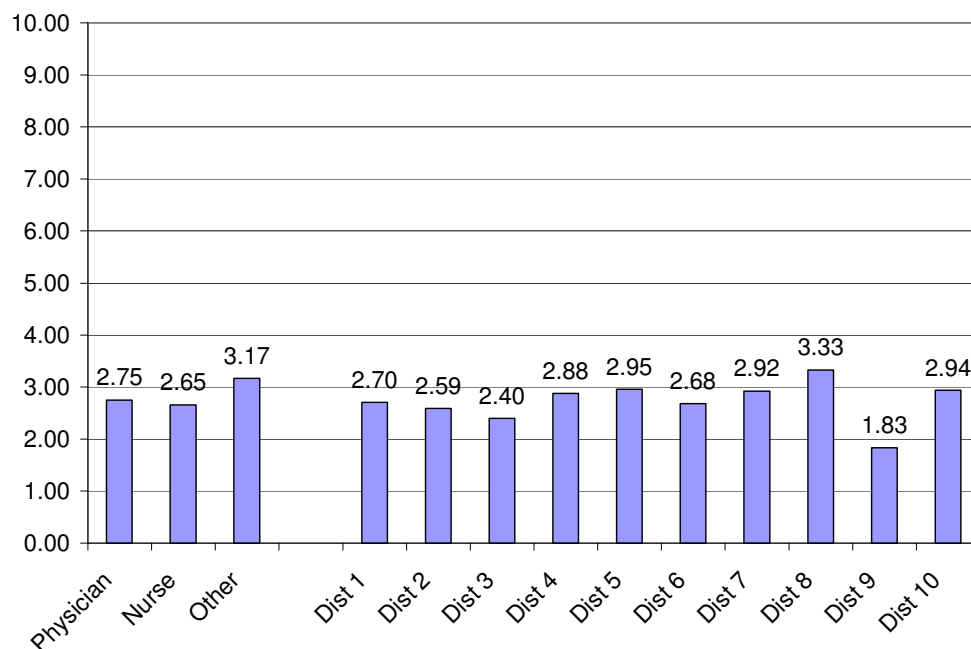
Healthcare workers have an ethical obligation to report to duty and care for patients during a pandemic.

Fig. 10: Healthcare Workers Ethically Obligated to Work During Pandemic



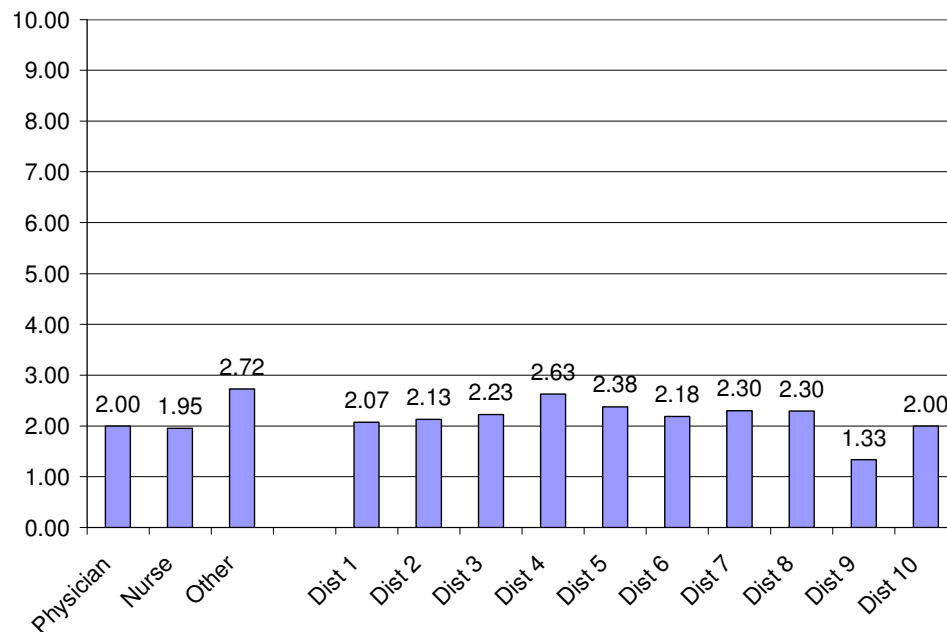
Healthcare workers should be fired by their employer for refusing to report to duty during a pandemic.

Fig. 11: Healthcare Workers Not Working During Pandemic Should be Fired



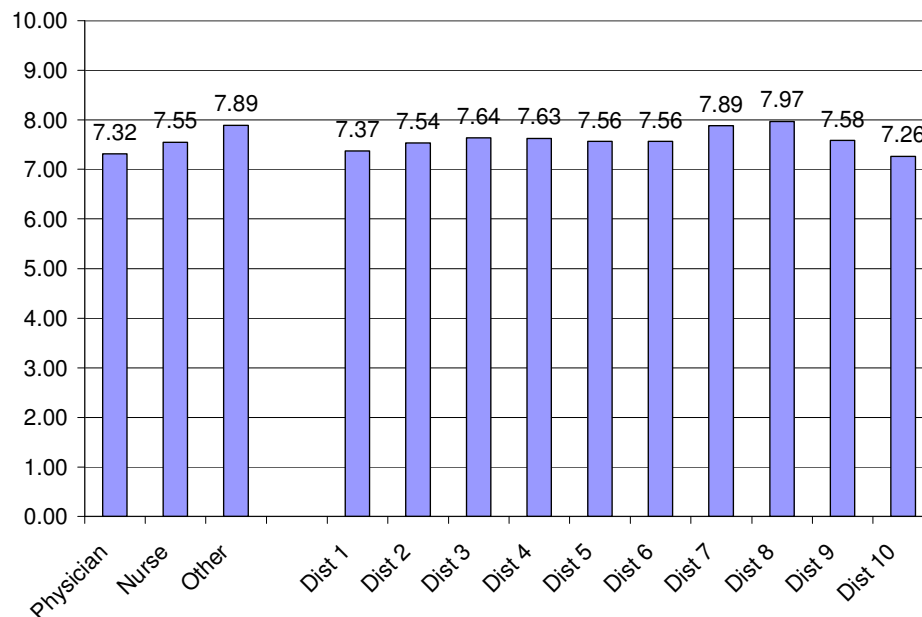
Healthcare workers should have their professional licenses revoked for refusing to report to duty during a pandemic.

Fig. 12: Healthcare Workers Not Working During Pandemic Should Lose License



The State should provide guidance to healthcare institutions for the development of fair and responsive policies workforce management policies.

Fig. 13: State Should Assist Healthcare Institutions Develop Fair Workforce Policies

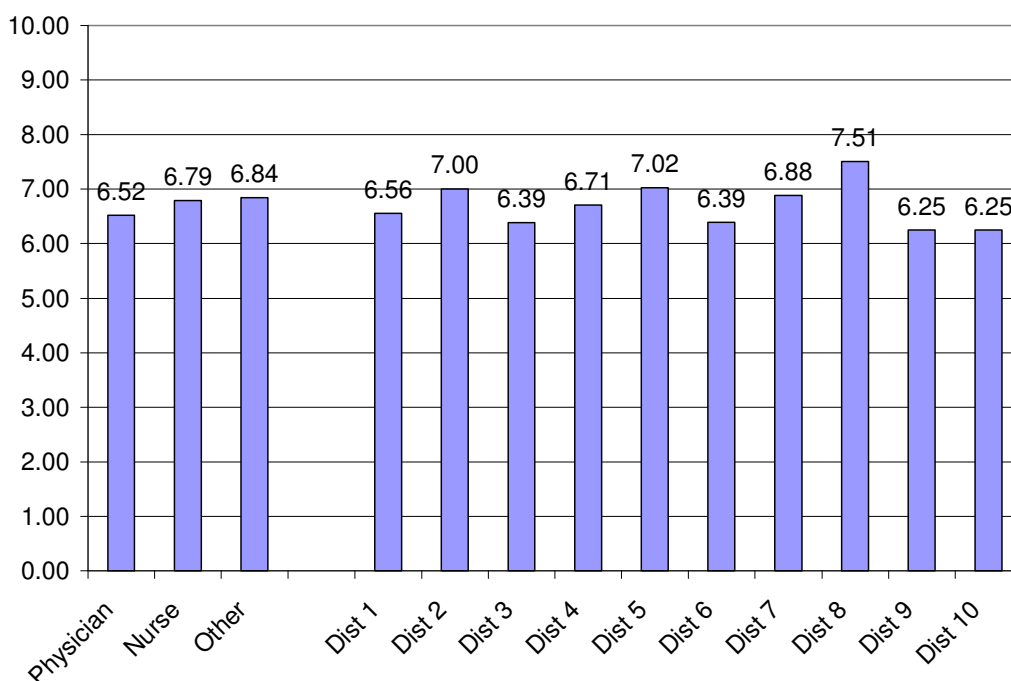


Triage and Allocation of Scarce Resources

Triage and access to healthcare resources raise questions of how patients will receive medical care in times of scarcity. The key ethical issue involves determining what ethical criteria are relevant in determining who is given access to scarce medical resources. One of the most important difference among types of health care practitioners is the reluctance among nurses and other healthcare workers (other than MDs) to deny treatment under altered standards of care to those who would otherwise have received it. (See Figure 16)

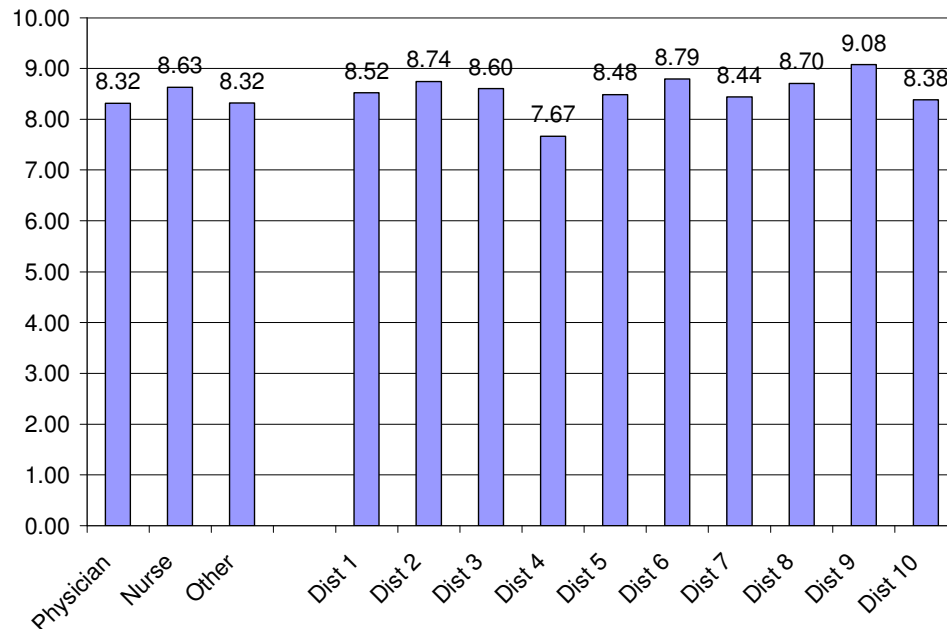
During a pandemic the State should adopt a framework for ventilator triage which rejects the consideration of social role and age as triage inclusion and exclusion criteria in favor of a system of allocation based solely on objective physiologic prognosis.

Fig. 14: Ventilator Triage Should Give Priority to Those Most Likely to Survive



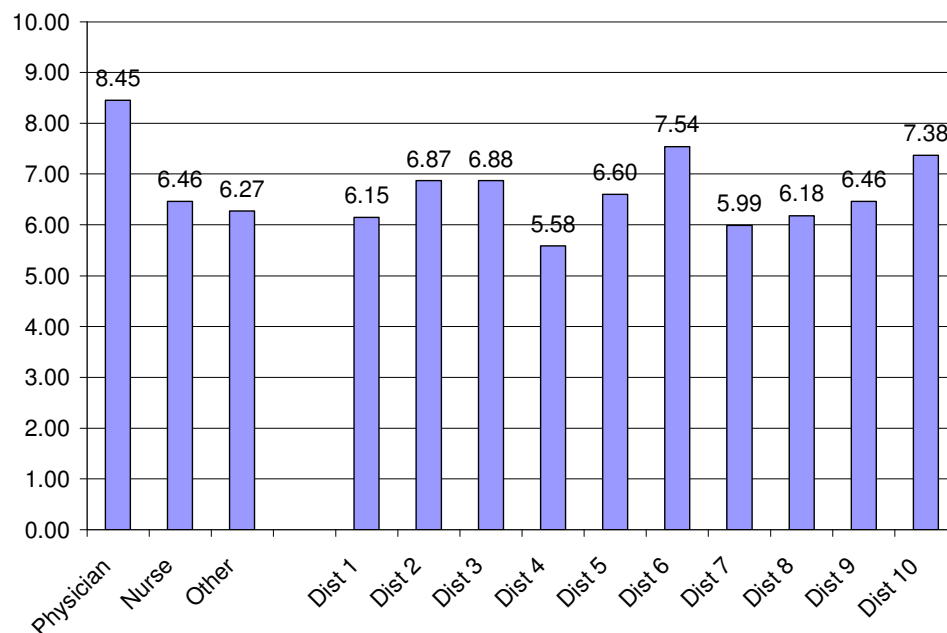
The State should encourage all acute care facilities to adopt a common triage procedure for addressing how to allocate scarce resources during a pandemic.

Fig. 15: State Should Promote Adoption of Common Triage Procedures During Crisis



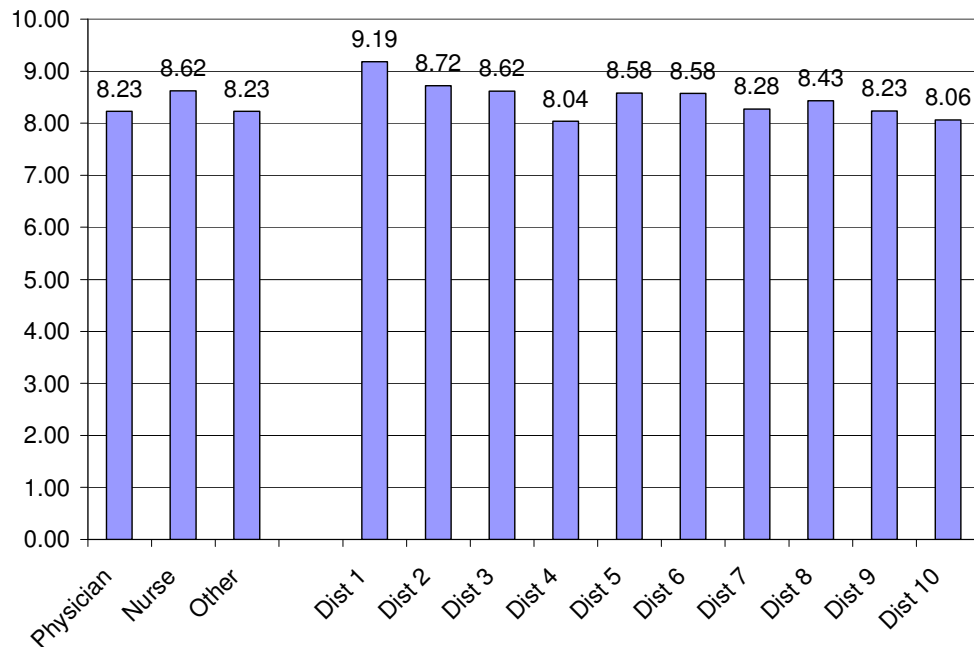
Healthcare should be willing and able to implement triage procedures during a pandemic that deny treatment to some people who would ordinarily receive care.

Fig. 16: Healthcare Should be Ready to Deny Treatment During Pandemic



Any triage procedure for a pandemic should include a daily retrospective review of all triage decisions in order to identify flaws in the protocol, provide accountability, and allow for continuous improvement during a pandemic.

Fig. 17: Pandemic Triage Procedures Should Involve Daily Review and Correction

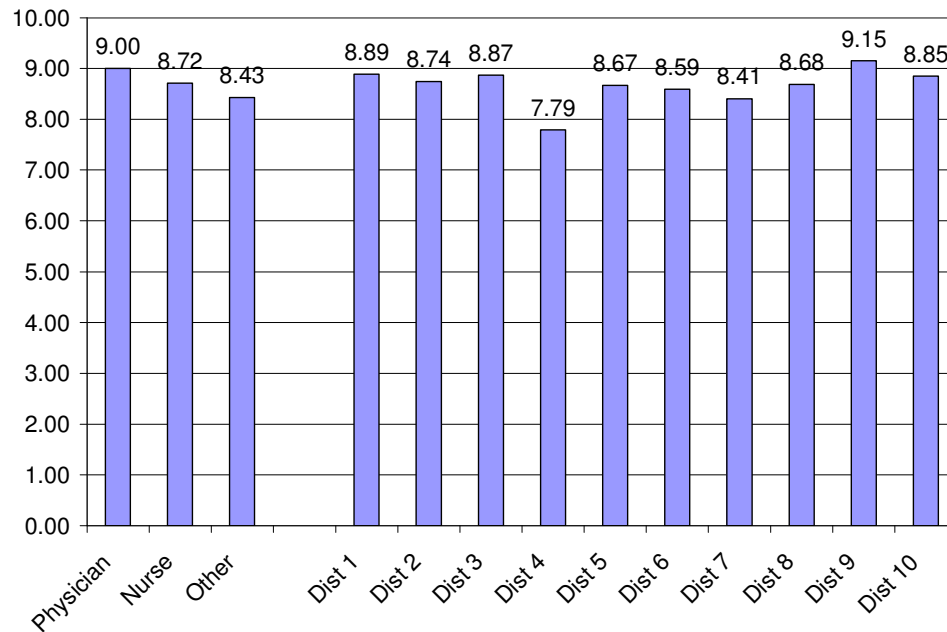


Altered Standards of Care

Altered standards of care refer to a shift from normal operating procedures to procedures aimed at minimizing disability and maximizing good. Key ethical issues include: changes in access to care; the use of alternate care sites; and changes in documentation standards for patient admittance and fatality processing.

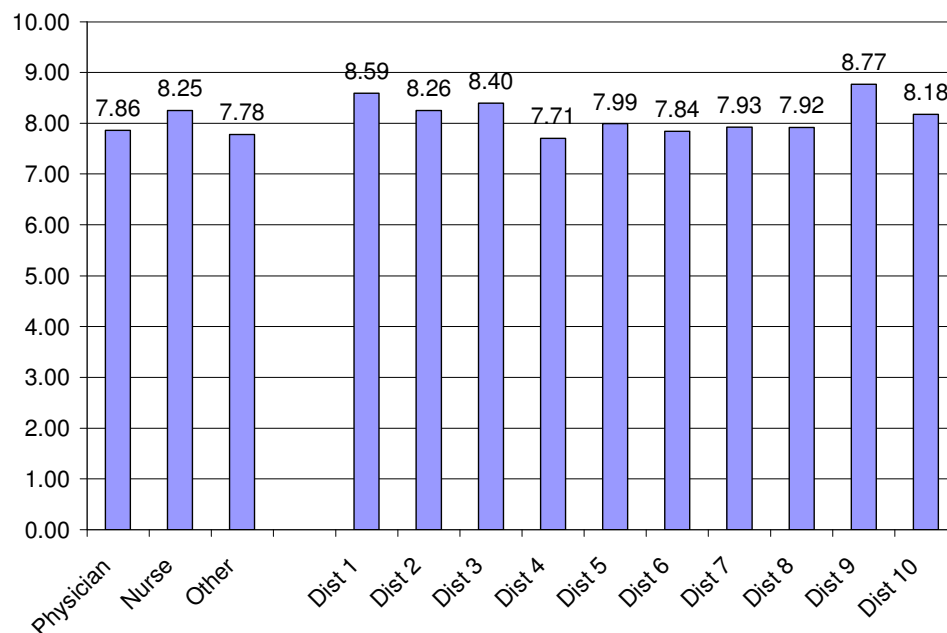
The State should engage leadership of healthcare facilities in discussions about the impact of a statewide protocol for altered standards of care.

Fig. 18: State Should Work With Healthcare Administration on Altered Standards of Care



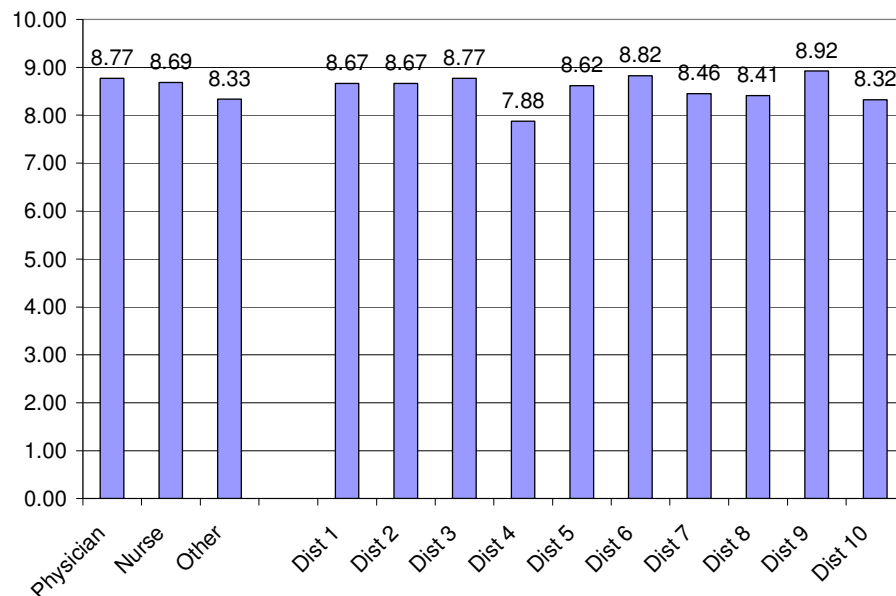
The State should develop a protocol which would take effect for all healthcare institutions upon the declaration of an emergency.

Fig. 19: State Should Develop Mandatory Emergency Protocols



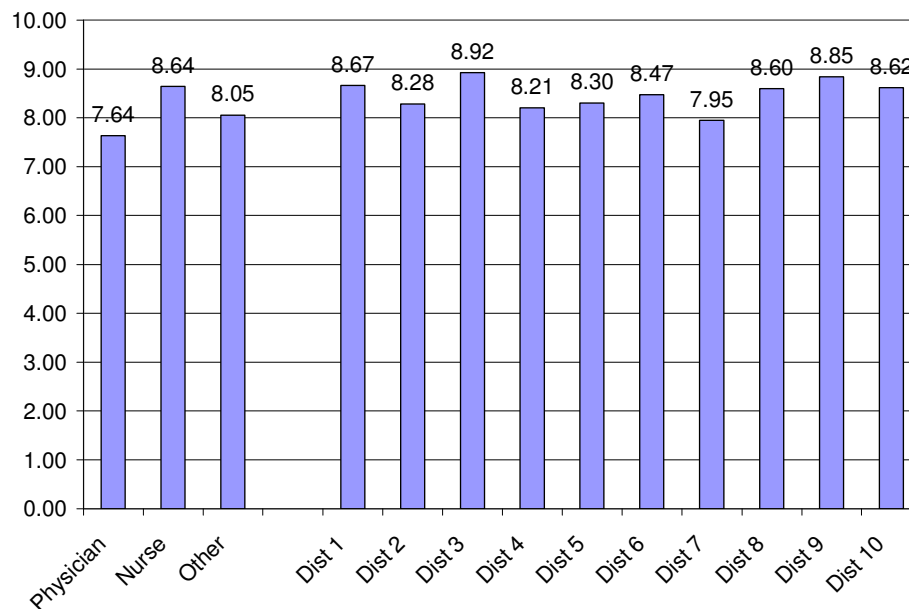
The State should encourage healthcare institutions to implement training on altered standards of care and healthcare workers' anticipated responsibilities.

Fig. 20: State Should Promote Training on Altered Standards of Care



The State should establish minimal standards for modified documentation procedures that all healthcare institutions and mortuaries can use during the pandemic to collect health information.

Fig. 21: State Should Establish Standards for Health Documentation During Pandemic

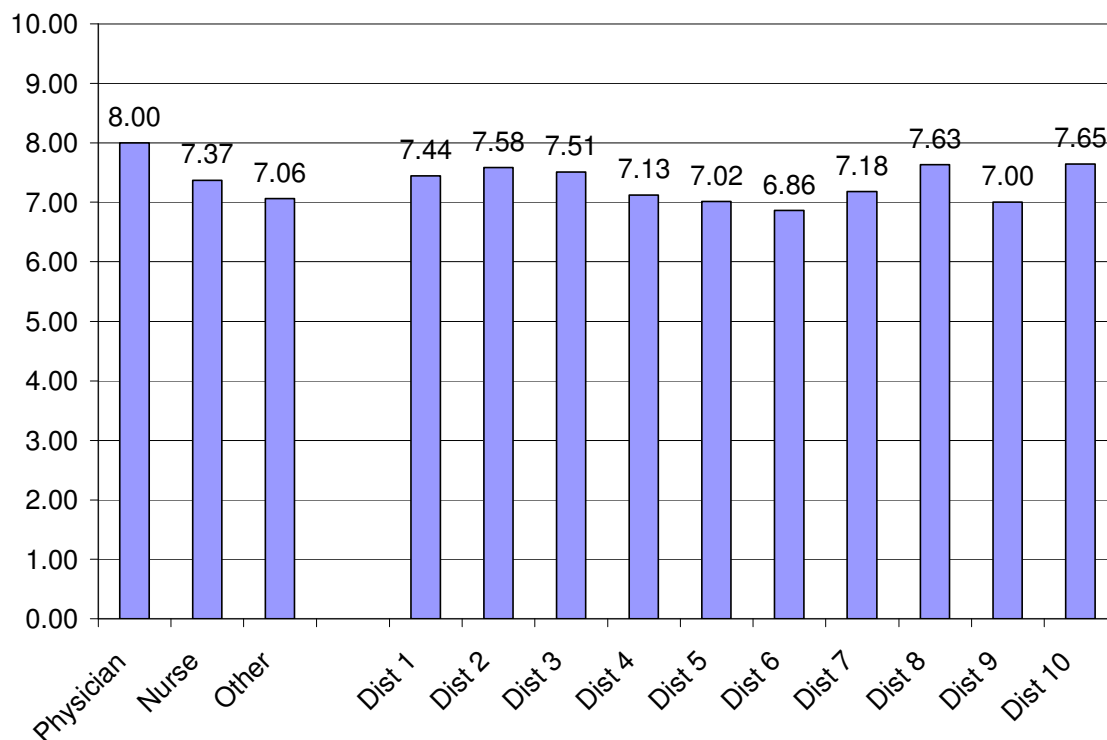


Vaccine and Antiviral Medication Allocation.

The prioritization of individuals to receive vaccine or antiviral medication depends on the immediate objective of the vaccine and antiviral allocation procedure, whether it is to minimize societal disruption or to minimize morbidity and mortality.

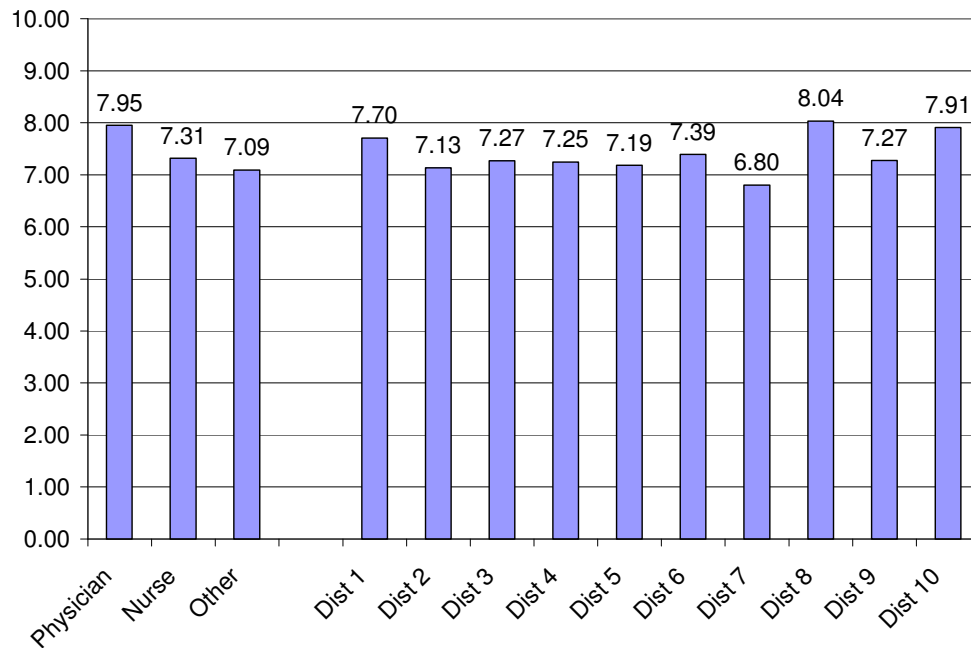
The State should adopt any vaccine prioritization scheme proposed by HHS/CDC.

Fig. 22: States Should Adopt Federal Vaccine Prioritization Protocol



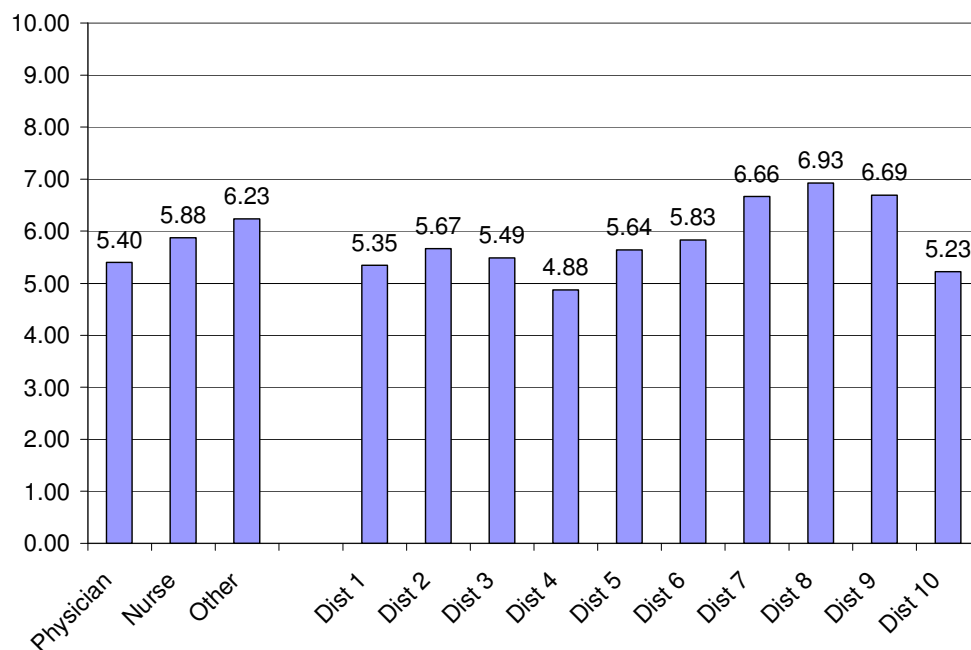
The State should adopt a system to construct a rank-order vaccination prioritization for Indiana.

Fig. 23: ISDH Should Adopt A Rank-Order Vaccination Protocol



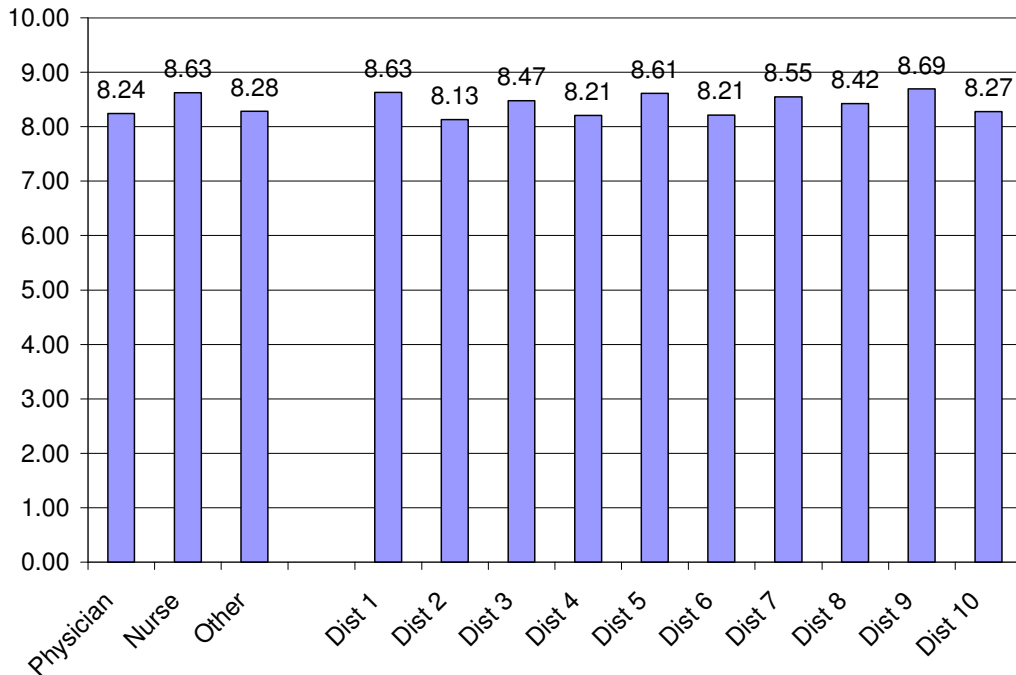
If supplies of effective antiviral medication are limited, the State should adopt an antiviral allocation strategy that places greater emphasis on treatment of the ill rather than on prophylaxis.

Fig. 24: Antiviral Allocation Strategy Should Emphasize Treatment Over Prevention



Public stockpiles of antiviral medication (those purchased by state and federal government) are currently reserved for treatment, while **private** stockpiles (e.g. those purchased by a hospital) may be used for prophylaxis of healthcare workers. Healthcare institutions should develop private stockpiles of antiviral medication in quantities sufficient to provide prophylaxis to healthcare workers and treatment for immediate family members of healthcare workers.

Fig. 25: Healthcare Institutions Should Develop Antiviral Stockpiles for Employees



Conclusions

Public Opinion Surveys

- Public generally supports state policies taking firm action in times of medical crisis
- Nearly equal importance given to giving priority to the sickest giving priority to helping the greatest number (need for public education)
- Nearly all would stay home if requested by state health officials
- Nearly all would avoid public transportation, shopping and entertainment venues; less so for more personal gatherings (church, family members)
- High likelihood of financial problems for lower income households, especially for those with children, if in-home quarantine lasted 7-14 days
- People overwhelmingly report they would rely on family and friends for help
- They have far more trust in their doctor for information during a pandemic than more formal channels
- Most of those employed feel they would stay home, even if their employer requested they show up for work.
- Most also reported their employer would probably not close voluntarily, nor would employees get paid if they stayed home
- Older citizens, those with health problems and with children at home report a variety of problematic issues, but generally reflect the population as a whole.

Survey of Indiana Healthcare Professionals

- In the management of healthcare workforce there was general support for having the State take to lead in helping institutions develop workforce management policies and identifying workers who would be critical in responding to a pandemic.
- There was clear opposition to policies that would punish employees (firing or loss of licensure) for not coming to work during a pandemic influenza crisis.
- There was support for policies that promoted ventilator triage protocols that favored objective physiological prognosis over age and social role of patient. Common triage protocols for all institutions were also supported.

- Physicians were more likely to support preparing the healthcare delivery system for denying care in times of crisis to those who would otherwise receive it.
- There was mostly high levels of support for State leadership and involvement with local institutions in developing policies to clarify altered standards of care and documentation.
- Most supported following vaccine prioritization procedures promoted by HHS/CDC and felt the State should adopt a rank-order system for Indiana.
- Opinions were clearly divided, though there was slightly more support than not, for emphasizing treatment over prevention if antiviral medication became limited during an influenza pandemic.
- There was a very high level of support for having hospitals create private stockpiles of antiviral medication for use by healthcare workers and their families.

Appendix A: Survey Questionnaires

Pandemic Influenza Awareness Survey
Indiana Version (Modeled on National Survey)

Hello, my name is (INSERT NAME), and I am calling from Indiana University on behalf of researchers at the IU Center for Bioethics. State officials have asked us to help predict the responses of Indiana citizens if a severe influenza epidemic were to occur. Currently there have not been any such cases of flu in the U.S. However, it is important for state health officials to understand how the public would be able to respond if a crisis were to happen. All answers will remain strictly anonymous and confidential and this interview will only take a short time. I promise I am not trying to sell anything.

1. For this interview, we need to speak with people age 18 or older. How many people age 18 or older live in your household? _____

[RECORD ACTUAL NUMBER.]

(USE RANDOM SELECTION PROTOCOL TO SELECT RESPONDENT)

2. If I have your permission I'd like to begin by asking, in general, would you say your health is:

- 1 excellent,
- 2 very good,
- 3 good,
- 4 fair, or
- 5 poor?
- 8 DK
- 9 REF

3. Currently, are you currently employed:

- 1 full-time,
- 2 part-time, or
- 3 not at all?
- 8 DK
- 9 REF

4. Including yourself, how many adults, 18 or older, are there living in your household?

- a. How many (other) adults in your household are employed full-time?
- b. How many (other) adults in your household are employed part-time?
- c. How many adults in your household are 65 years old or older?

5. How old are you? _____ 97=97 or older 98=DK 99=REF

a. (IF REF) Are you: (READ EACH UNTIL “No”)

- 1 Under 65?
- 2 Under 45?
- 3 Under 25?
- 4 Under 18?
- 8 DK - (TERMINATE)
- 9 REF - (TERMINATE)

6. Are there any children under the age of 18 living in your household?

- 1 Yes
- 2 No (SKIP TO Q7)
- 8 DK (SKIP TO Q7)
- 9 REF (SKIP TO Q7)

a. How many children under the age of 18 are living in your household?

b. How many are children 13 to 17?

c. How many are children 5 to 12?

d. How many are children under 5?

7. How familiar are you with the term “pandemic influenza”? Do you:

- 1 know what this term means,
- 2 have you heard of it, but are not sure what it means, or
- 3 have you never heard of the term “pandemic flu” before?
- 8 DK
- 9 REF

Public health officials think many people will get sick if there is a severe outbreak of pandemic influenza. Those less severely sick would need to be taken care of at home rather than at hospitals. Only the sickest people would be hospitalized. I’m going to ask you some questions about two situations: if you yourself were sick, or if you were taking care of someone in your household who was sick from pandemic flu.

Now I want to ask you to imagine there is an outbreak in the U.S. of pandemic flu, a type of flu that spreads rapidly among humans and causes severe illness. As I mentioned before, there have not been any cases of pandemic flu in the U.S. However, imagine that there was a severe outbreak in the U.S., a lot of people were getting very sick from the flu, and it was spreading rapidly from person to person.

8. If there was such a severe outbreak of pandemic flu in your community, more people will need medical care than the system has the ability to provide. Given the state of limited resources, health officials might have to recommend a change in priorities to slow the spread of the disease. I am going to read you a set of five different priorities. After I read each one, please rate each on a scale of 1 to ten, where one has a very low importance and 10 has a very high importance.

On a scale of 1 to 10, how important is it for health officials to:
(RANDOMIZE LIST)

- a. Treat everyone as equally as possible
- b. Protect the health of the greatest number of people
- c. Give priority to sick and frail people in getting assistance
- d. Aim to preserve essential community services like electricity and law enforcement
- e. Do not interfere with the civil liberties or freedoms of people in your community

9. If public health officials said you should be prepared to take care of members of your household at home for 7 to 14 days if they become sick, would you be able to stay home and care for them?

- 1 Yes (SKIP TO Q10)
- 2 No
- 8 DK (SKIP TO Q10)
- 9 REF (SKIP TO Q10)

a. What would be the biggest problem? _____

10. If you were sick with pandemic flu and you had to remain at home for 7 to 14 days, is there someone who could care for you at home?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

11. Suppose you had pandemic flu and health officials recommended that you stay at home, away from other people for 7 to 14 days. Is this something you would do?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

12. If public health officials thought you might have been exposed to pandemic flu and recommended that you stay at home for 7 to 14 days so that you would not expose other people to the disease, is this something you would do?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

13. If public health officials recommended that you stay at home for 7 to 14 days to help protect yourself and other household members from being exposed to the disease outside your home, is this something you would do?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

14. Here is a list of problems people might have while staying at home in the event of an outbreak of pandemic flu. If you were asked to stay at home for 7 to 14 days and avoid contact with anyone outside your household, how likely do you think it is that each of the following would happen to you or a member of your household? How about (READ ITEM)? Do you think that it is very likely, somewhat likely, not too likely, or not at all likely?

- a. You or a member of your household might be unable to get the health care or prescription medications that you need
- b. You or a member of your household might have a hard time being stuck at home for so long
- c. You or a member of your household might lose pay and have money problems
- d. You or a member of your household might lose your job or business as a result of having to stay home
- e. (IF Q6e > 0) You might not be able to get baby formula, diapers, or other important things for a baby in your household
- f. (IF Q6e > 0) You might have difficulty taking care of the (child/children) under age 5 in your household
- g. You might not be able to get care for a disabled person in your household
- h. (IF Q6c > 0) You might not be able to get care for an older person in your household

15. Now I'm going to read you a list of steps that public health officials might advise. These steps would help prevent the spread of severe flu and help protect you and your family from catching it. As I read each one, please tell me how likely it is that you would follow this recommendation from public health officials. How about (READ ITEM)? Do you think that is very likely, somewhat likely, not too likely, or not at all likely you would do this for a month?

(RANDOMIZE)

- a. Avoiding going to public events like movies, sporting events, or concerts
- b. Avoiding going to malls and department stores
- c. Postponing family or personal events such as parties, weddings, or funerals
- d. Avoiding air travel
- e. Limiting your use of public transportation, buses and trains
- f. Canceling doctor or hospital appointments that are not critical at the time
- g. Reducing contact with people outside your own household as much as possible
- h. Avoiding going to church or religious services

(IF NO CHILDREN < 18 IN HOME, SKIP TO WORK:INTRO)

In order to keep pandemic flu from spreading and to protect the safety of children, some communities may close schools and daycare facilities for some period of up to two months. The length of school and daycare closures would probably be tied to how serious the pandemic flu outbreak is. For instance, if there was a severe pandemic, schools and daycare centers might be closed for a long period of time.

16. If schools and daycare facilities were closed for ONE MONTH to protect children because of a serious outbreak of the disease, everyone would be required to take care of their children at home. For you, would this be:

- 1 a major problem,
- 2 a minor problem, or
- 3 not a problem?
- 8 DK
- 9 REF

17. Consider a situation where schools and daycare facilities were closed for ONE MONTH to protect children because of a serious outbreak of the disease. How much of a problem would it be for you to arrange care for the children so that at least one adult in your family could go to work? Would this be:

- 1 a major problem,
- 2 a minor problem, or
- 3 not a problem?
- 8 DK
- 9 REF

18. How much outside help do you think you would need in order to deal with the problems of having to stay at home and keep the children at home for a month or more during a severe outbreak of Pandemic flu? Would you need:

- 1 a lot,
- 2 some,
- 3 only a little, or
- 4 none at all?
- 8 DK
- 9 REF

WORK:INTRO (IF RESPONDENT IS UNEMPLOYED, SKIP TO INFO:INTRO)

19. If public health officials said you should stay home from work, but your employer told you to come to work, would you stay at home or go to work?

- 1 Stay Home
- 2 Go to work
- 8 DK
- 9 REF

20. If the Pandemic flu was very serious and public health officials recommended that some businesses in your community should shut down, do you think your workplace would shut down, or would it stay open?

- 1 Shut down
- 2 Stay open
- 8 DK
- 9 REF

21. If you had to stay home for ONE MONTH because of a serious outbreak of Pandemic flu, would you be able to work from home for that long, or not?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

22. If there was a severe outbreak of Pandemic flu in your community and you had to stay away from work, would you still get paid or not, or don't you know?

- 1 Still get paid
- 2 Not get paid
- 8 DK
- 9 REF

INFO:INTRO

23. If there was an outbreak of Pandemic flu in your community, how much help would you expect to receive from of the following sources? How about (INSERT ITEM)? Would you expect a lot of help, some help, only a little, or no help at all?

- a. Government agencies
- b. Voluntary agencies
- c. Community groups
- d. Church groups
- e. Family
- f. Friends
- g. Neighbors

a. (IF GOVT “lot” or “some”) What type of help would you expect from government agencies?

24. If there was an outbreak of Pandemic flu in your community, how much confidence would you have in each of the following sources to give you useful and correct information about the outbreak? How about (INSERT ITEM)? Would you trust them a lot, some, only a little, or not at all?

- a. State public health officials
- b. Reporters at newspapers, magazines, TV or radio
- c. Your doctor or other health care professional
- d. Religious leaders in your community
- e. The governor of your state

When a public health crisis occurs, health officials are obligated to develop strategic plans. Often these plans require difficult decisions regarding priorities. In some cases it is not clear what the priorities should be or who should be making the decision at all. I want to read you some of the issues that state health officials will need to face and some of the possible actions they could take to minimize the spread of a pandemic flu.

The first set of issues is related to managing the health care workers in the state that would be needed to assist those who get sick with the flu. I will read a few of the possible actions that could be taken by state health officials. Please tell me if you would strongly approve, approve, disapprove or strongly disapprove.

25. The State will identify healthcare workers who are deemed to be critically necessary and require them to report to work during a pandemic. Would you:

- 1 strongly approve,
- 2 approve,
- 3 disapprove or
- 4 strongly disapprove?
- 8 DK
- 9 REF

26. The State will not allow health care organizations to fire employees who stay home during the epidemic. Would you:

- 1 strongly approve,
- 2 approve,
- 3 disapprove or
- 4 strongly disapprove?
- 8 DK
- 9 REF

27. The State will require all healthcare institutions to maintain all medical supplies necessary to protect personnel expected to interact with patients during a pandemic. Would you:

- 1 strongly approve,
- 2 approve,
- 3 disapprove or
- 4 strongly disapprove?
- 8 DK
- 9 REF

The next set of issues is related to deciding who will receive access to certain medicines or medical equipment if this medicine or equipment becomes scarce during a pandemic. Again, I will read a few of the possible actions that could be taken by state health officials during a pandemic. Please tell me if you would strongly approve, approve, disapprove or strongly disapprove.

28. If patient demand for certain hospital equipment, like respirators, is higher than the number available, priority will be given to patients who are most likely to get well rather than based on the age of the patient or whether they have dependents. Would you:

- 1 strongly approve,
- 2 approve,
- 3 disapprove or
- 4 strongly disapprove?
- 8 DK
- 9 REF

29. The State will encourage all hospitals to adopt the same set of priorities for allocating scarce resources like medicine or respirators. Would you:

- 1 strongly approve,
- 2 approve,
- 3 disapprove or
- 4 strongly disapprove?
- 8 DK
- 9 REF

GENDER. [INTERVIEWER--ENTER RESPONDENT'S GENDER. IF UNSURE FROM NAME, ASK FOLLOWING QUESTION]

[IF UNSURE:] I'm sorry, but I have to ask this: Are you male or female?

- 1 Male
- 2 Female

30. How much schooling have you completed?

- 1 Less than high school
- 2 Some high school, but no diploma
- 3 High school graduate or GED
- 4 Trade or technical school grad
- 5 Some college, but no degree
- 6 Associate degree
- 7 Bachelor's degree
- 8 Some graduate school
- 9 Master's degree
- 10 Doctoral or Professional degree
- 11 DON'T KNOW
- 12 REFUSED

31. Are you, yourself, of Hispanic or Latino background, such as Mexican, Puerto Rican, Cuban, or other Latin American background?

32. Please tell me which of the following race categories apply to you: (CHECK ALL THAT APPLY)

- a. Caucasian
- b. African-American
- c. Asian
- d. Pacific Islander
- e. Native American
- f. (HISPANIC)
- g. Other

33. What County/State do you live in?

34. (IF 18 OR OLDER) And finally, last year before taxes what was your total household income? Would you say...(READ CHOICES)

1 Under \$15,000

2 \$15 to \$25,000

3 \$25 to \$50,000

4 \$50 to \$75,000

5 \$75 to \$100,000

6 \$100,000 or more

8 DK

9 REF

That was my last question; I would like to thank you for your time and cooperation.

Ethical Priorities of Health Care Workers for Pandemic Influenza Preparedness

You are being asked to participate in a survey related to ethical issues in pandemic influenza preparedness. Health care professionals throughout Indiana are being asked to take a few minutes to respond to some policy options that are being considered. The results will be used to inform deliberations of state health officials and policy makers.

The World Health Organization reports nearly 400 human cases of avian influenza H5N1 have been confirmed and 250 of these cases have been fatal. Experts warn an influenza pandemic is overdue and that H5N1 has pandemic potential. Pandemic planning includes addressing ethical issues that may arise.

The Indiana State Department of Health contracted with the Indiana University Center for Bioethics to provide recommendations on four specific areas of ethical concern:

- Management of the healthcare workforce
- Triage and allocation of scarce medical resources
- Necessary alterations to the standard of care provided by healthcare professionals
- The allocation of scarce vaccines and antiviral medications

Following an extensive literature review and study of approaches to these problems by other groups, organizations, and agencies, the Center proposed a set of recommendations for action. This survey is intended to address key ethical concerns related to those recommendations.

A complete description of each recommendation is provided in the Technical Advisory Documents available at <http://www.bioethics.iu.edu/pandemicFluPrep_2007.pdf>.

Management of the Healthcare Workforce

A pandemic raises questions in the area of healthcare workers' obligations to provide care; employers' expectation for staff, potential sanctions for absenteeism, and employers' responsibilities to their staff.

Please answer the following questions:

1. The State should be the responsible agency to identify categories of critical healthcare workers necessary during the pandemic:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

2. Healthcare workers have an ethical obligation to report to duty and care for patients during a pandemic:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

3. Healthcare workers should be fired by their employer for refusing to report to duty during a pandemic:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

4. Healthcare workers should have their professional licenses revoked for refusing to report to duty during a pandemic:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

5. The State should provide guidance to healthcare institutions for the development of fair and responsive policies workforce management policies:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

Use this space to write any relevant comments you might have on the Management of the Healthcare Workforce:

Triage and Allocation of Scarce Resources

Triage and access to healthcare resources raise questions of how patients will receive medical care in times of scarcity. The key ethical issue involves determining what ethical criteria are relevant in determining who is given access to scarce medical resources.

Please answer the following questions:

1. During a pandemic the State should adopt a framework for ventilator triage which rejects the consideration of social role and age as triage inclusion and exclusion criteria in favor of a system of allocation based solely on objective physiologic prognosis:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

2. The State should encourage all acute care facilities to adopt a common triage procedure for addressing how to allocate scarce resources during a pandemic:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

3. Healthcare should be *willing and able* to implement triage procedures during a pandemic that deny treatment to some people who would ordinarily receive care:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

4. Any triage procedure for a pandemic should include a daily retrospective review of all triage decisions in order to identify flaws in the protocol, provide accountability, and allow for continuous improvement during a pandemic:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

Use this space to write any relevant comments you might have on the Triage and Allocation of Scarce Resources:

Altered Standards of Care

Altered standards of care refer to a shift from normal operating procedures to procedures aimed minimizing disability and maximizing good. Key ethical issues include: changes in access to care; the use of alternate care sites; and changes in documentation standards for patient admittance and fatality processing.

Please answer the following questions:

1. The State should engage leadership of healthcare facilities in discussions about the impact of a statewide protocol for altered standards of care:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

2. The State should develop a protocol which would take effect for all healthcare institutions upon the declaration of an emergency:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

3. The State should encourage healthcare institutions to implement training on altered standards of care and healthcare workers' anticipated responsibilities:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

4. The State should establish minimal standards for modified documentation procedures that all healthcare institutions and mortuaries can use during the pandemic to collect health information.

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

Use this space to write any relevant comments you might have on Altered Standards of Care:

Vaccine and Antiviral Medication Allocation.

The prioritization of individuals to receive vaccine or antiviral medication depends on the immediate objective of the vaccine and antiviral allocation procedure, whether it is to minimize societal disruption or to minimize morbidity and mortality.

Please answer the following questions:

1. The State should adopt any vaccine prioritization scheme proposed by HHS/CDC:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

2. The State should adopt a system to construct a rank-order vaccination prioritization for Indiana:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

3. If supplies of effective antiviral medication are limited, the State should adopt an antiviral allocation strategy that places greater emphasis on treatment of the ill rather than on prophylaxis:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

4. **Public** stockpiles of antiviral medication (those purchased by state and federal government) are currently reserved for treatment, while **private** stockpiles (e.g. those purchased by a hospital) may be used for prophylaxis of healthcare workers. Healthcare institutions should develop private stockpiles of antiviral medication in quantities sufficient to provide prophylaxis to healthcare workers and treatment for immediate family members of healthcare workers:

Strongly Oppose						Neutral						Strongly Support	Can't Answer
0	1	2	3	4	5	6	7	8	9	10	x		

Use this space to write any relevant comments you might have on Vaccine and Antiviral Medication Allocation:

Demographic Information

The final set of questions is designed to determine if our respondents are a representative sample of health care workers in Indiana.

1. What is your current position? (CIRCLE ALL THAT APPLY)

A. Physician

B. Nurse

C. Other (Specify) _____

2. How would you describe the type of institution where you work?
(eg. County Hospital; Private practice; Non-profit public health agency, etc.)

3. What is your gender? (CIRCLE ONE)

1. Female

2. Male

4. In what year were you born? _____

5 Do you consider yourself to be Hispanic or Latino?

1. Yes

2. No

6. What is your race or ethnic identity? (CIRCLE ALL THAT APPLY)

a. African-American/Black

b. American Indian or Alaskan Native

c. Asian

d. Caucasian/White

e. Native Hawaiian or other Pacific Islander

f. Other (SPECIFY)

7. Do you consider yourself a member of any religious faith?

a. Yes (Please specify _____)

b. No

A. (If "Yes") How often have you attended religious services in the past 12 months?

1. Never

2. Less than four times

3. Five to 10 times

4. 11 to 25 times

5. 26 to 50 times

6. Over 50 times last year

Appendix B: Open-Ended Responses

Public Opinion Surveys

9. If public health officials said you should be prepared to take care of members of your household at home for 7 to 14 days if they become sick, would you be able to stay home and care for them?

a. (IF NO) What would be the biggest problem?

Q9: Indiana Respondents:

- His job
- Work
- Work
- Work
- Work all week
- My health
- Job schedule
- Work
- There is no income in my household
- Financial problems
- Not in good health myself.
- I was myself in the hospital.
- Money, have to work.
- I gotta work.
- Money. Transportaion
- Having to work.
- Take care of three people already time is taken up
- It would be money
- I work
- Im not able to. Im partially disabled.
- Finanical
- Probably work
- Work
- I am not a good nurse. I have done my duty taking care of my husband with lung cancer. I cannot take of people.
- I need to work
- I've had a couple strokes. I can't walk very well.
- Have to work
- Well getting to them, i have difficulty with knees
- I have a breathing and heart problem.
- Being able to care for them due to health
- I would lose my job.

- Income.
- Work world and time off. No money to pay bills. Insurance.
- Work.
- Working fulltime
- My husband has heart failure it would be hard
- I have to go to work.
- That i work full time. And i'm a health care provider myself so i have patients.
- To be able to get time off work, losing pay.
- Having someone to be with, and i have to go to work.
- Work
- I have to work. I could stay home and i have any sick days
- Work. I already have ms myself so i probably wouldn't be able to take care of anyone else.
- Money aspect. It will have a big impact for me. Lack of insurance. My husband and i haven't seen a doctor for seven years.
- Food. Well i mean, assuming we had water. Food and water would be number one. Just access to medicine and communication to the outside world.
- I would have to work to pay the bills.
- Job
- Finances.
- Employment.attendance policy
- I have to work to pay my bills.
- The financial aspect, sole person making money, single mother, hard to get out of work that long.
- Financially.
- Job
- I'm the only wage-earner in the home.
- I have a walker and cane, i would take care of them as best as i could.
- My own health.
- Money.
- I'm on dialysis.
- Money
- Wouldn't want to miss work to take care of a flu person.i have other family that can help take care of whoever it was and i wouldn't have to stay home
- Work
- Having to work part time.
- Getting off work
- Work, have to pay the bills.
- Vacation time.
- My health itself i wouldn't have the money and the resources to help someone with that
- My job.
- My job.
- I work and go to school
- My work.

- I need to work.
- Finacnce
- Work 24 on call
- Finances. Cant just take off work
- I would have to work
- My employer giving time off to do it..finance covering cost
- I would be out of town going to xsschool
- Losing my job.
- No money
- I'd have to work, the sole-provider, bread-winner.
- Finances.
- Work, might end up losing a job.
- Economy. Right now my husband and i struggle with two incomes, and if it was dropped down to just my income i would have my sister in law and parents to come take care of us.
- Money don't know that much about medical so i think they'd be better off in a hospital
- The nature of the job i work i'm a nurse at a nursing home
- Have to work
- Being able to pay my bilps i need to work
- Having to continue working so i could keep household working
- Financially
- Well I'm too old to take care of anybody.
- Employment.
- No way to pay the bills.
- Can barely take care of myself i'm too old to take of anybody
- My job, i would not be able to take off work for someone for 14 days.
- Being able to stay at home and take care of the sick one, someone would have to bring money.
- Financially. You would not get paid for that.
- I'm not able to. Myself would not help me. I'm on oxygen.
- I would have to work.
- Work
- Employment
- Work

Q9: National Respondents:

- I have a bad arm and am very limited with what I can and cant do anymore
- My age
- Loss of income, and getting fired for missing.
- Time off from work <p>
- Financial because I have to work
- Would lose my job

- Unable; I have a disability.
- Income
- Self-Employed, and basically I'm the majority of all income
- Money
- My employer
- He would have to work
- Work.
- Age, I couldn't take care of them. I'd probably be sick myself.
- I work for the government, they need me there.
- Time, because i do not have enough of it
- Im in a body brace and leg brace and crutches
- My job
- Knowing waht to do and having proper mediucice nd having the thime as far as work
- I'm on oxygen and chroniclly ill
- Financances
- Not being able to work.
- Work
- Work
- My job I could bring some work home but not all
- Work
- Being able to get time off from work <p> having to get to store to get resources wouldn't want to leave them alone while restocking on things, you wouldn't want to take sick person with you because then it would spread.
- Financial reasons
- Work
- Income
- I AM LEGALLY BLIND
- I would have to be at work, i couldnt leave work unless i had to
- Finances
- NOT HAVING THE TIME TOO
- Work
- I have a full-time jobs and i support this family.
- Job, finaces
- My age.
- BECAUSE OF WORK
- Missing work
- Being needed at the hospital
- Financial
- I am a nuresse I will nedd to be taken care of the sikest people.
- She is the only resident in the household.
- Work
- I have school
- Work
- Working.

- Time coverage
- I have to work
- Getting off work.
- My work
- I'd lose my house. Wouldnt be able to pay bills.
- Because i am working two jobs
- Time off work!
- Too old to take care of others
- I've got lung cancer and i've been sick for a long time.
- Job
- Your paralyzed.
- I just wouldn't want to do it.
- Caring for myself
- My age & financial reasons
- I do not much about taking care of sick people
- Dont know
- If i don't go to work i don't get paid, and i live by myself i have to try to go to work as much as possible
- Money
- Work, but someone could stay home
- Financial
- Not able to do so much. Very bad arthritis
- Working
- I have to work. Wouldn't be able to miss work at all.
- I gotta work
- Not be able to everything.
- Everyone has to work can't afford it
- Financial
- I work on commission and i can't work commission at home.
- Not being able to make money
- Financial
- My age
- I'm unemployed
- That i would have to continue to work to support us
- Work
- Work.
- Nobody in the household
- Work
- Financial.
- Losing his job
- Work
- My health.
- Employment. Financial hardships,
- I would have to go to work.

- Working. Finances. Would not be able to take care of a family member
- I wouldn't have any income.
- My job. In law enforcement
- WORK IS THE BIGGEST PROBLEM

23. If there was an outbreak of Pandemic flu in your community, how much help would you expect to receive from of the following sources? How about (INSERT ITEM)? Would you expect a lot of help, some help, only a little, or no help at all?

- a. Government agencies**
- b. Voluntary agencies**
- c. Community groups**
- d. Church groups**
- e. Family**
- f. Friends**
- g. Neighbors**

a. (IF GOVT “lot” or “some”) What type of help would you expect from government agencies?

Q23: Indiana Respondents:

- Medical
- Medicine and health care for free
- Program to help with mortgages and utilities and basic things
- Medical and financial
- Their assistance with lost pay or delivering food or prescriptions
- Them to bring the military doctors in to help our doctors
- Help take care of sick people
- Information
- Get everything needed to get well
- Medical care and financial aid
- Money and daycare
- Public service announcements and information to news orgs, free vaccinations
- They can see to it that there are medicines available
- Financial assistance
- Groceries and deliveries of needed items
- Medication.
- Financially and medically
- Information, masks, water, supplies that are needed
- Mediate the situation and control the spread and direct activities
- Bulletins with information and communicate if there is a recommendation to stay home. To give hospital or healthcare guidelines over who will get care. Communication is the biggest thing
- Instructions of what to do and not to do
- Medicine and medical care
- Health care, food,
- Radio broadcast telling people what to do and information on how to get a vaccine

- Maybe help in getting things like groceries and things to keep you alive. Some kind of delivery things. More from neighbors than government.
- Recommendations of things to do and medicines needed
- Information, medicine
- Instructions any kind of apparatus, anything to keep the epidemic from spreading. That we would be provided with anything that we needed as far as the pandemic was concerned. evacuation if necessary
- Financial.
- Find out where to find help. To direct me to someone who could help me.
- Medical service
- Possibly financial. I don't know if they could help with keeping your job, but if they could help with that. Keeping people safe
- Financial
- Money
- Transportation
- Whatever they could give me.
- Reimbursement for wages lost. Some kind of compensation. A break on living--utilities and such.
- Vaccines
- I expect them to do whatever is necessary to take care of the community.
- If you couldn't leave your house they might bring food and vaccinations to your home. If you weren't working they would help keep your electricity on.
- Help with vaccines or medical. Or doctors coming to your house if you can't leave. Financially of course.
- Information
- Information and that type of thing, probably help with getting vaccines available.
- They would hopefully be keeping track of those who have the illness. Information on the outbreak. The sick and elderly are definitely being attended to.
- To keep community going, support groups that keep town alive.
- Medical help
- Keep order,
- Aides. Nurses. Meals delivered.
- Send a nurse to the house to be checked on.
- Medicines that are available.
- Minimal compensation..buy food at home
- Welfare.
- Financial
- Flu injections,
- Prescription, to pay for prescription.
- Medical, help with paying bills
- Financial compensation as economy is screwed..police protection
- Financial, if want me off of work then they need to pay me, if I don't work I don't get paid so it'd be I need health care assistance, because I'd probably lose my job and gov't needs to prepare for consequence

- Healthcare financial
- Medical, some kind of money, food.
- Record the statistics, assistance
- Medicine, extra medicine, information.
- Whatever medicines i needed, social security check, and any other help that i may need.
- Subsidies of percentage of work that i would have to miss
- Food and stuff like that, money to help pay for bills
- Vaccine for the pandemic flu.
- Help in general in being to help me get well
- Really wouldn't know.
- Advice in medicine
- Medical help mostly.
- Check or at least knock on the door to see if you were alright.
- To send out as much medication as they can.
- Information, good plans, availability of medications. Avoiding panic, i would expect them to get medications and workers to the hospitals. Food and water.
- Make sure everyone can pay bills.
- Pay some of my bills, provide food
- Awareness, media, medicine.
- Medical & financial help
- Financial and medical
- To be able to go around and supply medications that you need <p> as long as you have electricity, water, and stay hydrated and warm or whatever you need to do
- Medicine, health care, i don't know.
- Access to government facilities. Payment for meds.
- Financial assistance if lasted too long couldn't go to work
- Probably health care and maybe some financial
- Health insurance. Or help with the cure to get better. Back pay.
- Medical assistance
- Depending on the situation is medical care
- Preventative care. Back pay. A way to support your family.
- Vaccination, utilities, water, fuel, & basic necessities.
- Whatever i needed at the time i suppose
- They could bring medication for me
- Medicine, food, and help w/ paying the bills
- Making sure that utilities are still in place
- Depends on severity, food would be the main thing, if you can't get out <p>
- Financial
- Medical help and find a cure
- Financial and medical
- Information on where to go for care
- Hospitals medical help law enforcement gov help
- Information
- Everyone needs their problems fixed!

- Food delivery, water, meds. A way to deal with lose of income.
- Vaccines
- Help in information but it would depend on the severity of the pandemic, next would be medicines
- Making water available, announcements, probably have to figure out how to stabilize people. Make it more convient to stay home
- I would expect care, maybe help on bills.
- Advice
- I would expect the basic services, police fire emt's. The gas electric water, basic necessities.
- Medical help. Help with bills.
- Dk.medicare help
- Finances to pay my bills.
- Help keep it from spresdin
- They maybe would come to the door and see if theres anything we need. Some help to provide us with medicine or some electrical stuff. Basic needs.
- I personally wouldnt because i feel i wouldnt need it. The elderly and infirm would definatly need help. Maybe supplying assistance. Those that would not be able to draw on their income would
- Financial
- Prevent firing employees,capability to deliver essential items to homes,enforce pple sstaying home,minimize hardship on famillies by laws
- Injections for the flu to help ease it.
- Information. Guidlines maybe. Maintain order--firefighters, policemen.
- Monetary
- Essential things,medicines
- Suggestions of how to get groceries and medicine distribution. Care if you can't go out.
- Compensate for lost time for food and stuff.
- Medical insurance. Help with medical
- Get involved and help people out, if it was there family
- Health and living costs
- Little help
- Any assistance
- Medical assistance.
- Clear instructions, medicines, planning advice.
- Instruction and education possibly medicine and places to go for sick people. Food maybe if people have problems getting to the stores and prescriptions if they are needed.
- Medication food
- Health care.
- Directions and a plan to stay halthy and medicine.
- Be there to be of assistance in any way you need help. If they could help take care of you or take in groceries, i feel that you should be able to get some financial assistance
- Medical information, medicine.

- Well i dont know what they can do. They ought to have some vaccine, i think they should help this.
- Medical assistance
- Uh i guess more in the way of recommendations than anything else - we could look to them for how to avoid exposure and take care of ourselves
- If we couldn't go out the house for a month, i would expect them to drop off food, water, and medicine, etc.
- Medical.
- Something, help with whatever is going on.
- Concentive for ppl to stay home, financial
- Probably something in the monitary department to atleast cover the bills.
- Detailed info about to do. General protection of people who are carriers.
- Medical aid and welness checks
- Medical assistance.
- Some help.
- Whatever they were giving out, healthcare , vacines.
- It would be good for the government to recognize it as such, announce its a crisis and really, and through news inform and provide federal funding for those that need care.
- Inastructions,procedures
- Medicine, food.
- Just bills and also food
- Dk.assistance without husband pay..income assistance..delivery of medices
- Assistance with the medical bills.
- Whatever was needed like the medical aid, food aid, or whatever was needed in the community, charity.
- Probably wouldn't be able to eat very long if i'm not working.
- Medicines. Some sort of delivery of basic goods to people.
- If i needed medication, and food in my house, keep electricty going.
- To give me whatever is necesarry to give me to be okay, at no expense.
- Medicines.
- A lot of help. I would expect that government agencies that they should provide people that will help the people that know about the disease. I expect aids to be given to people like food, she
- They would provide some health care if it was badly needed. Expect them to take care of their own people. They should offer help.
- They would probably quarantine those who are ill and then administer some kind of help to keep it from spreading. They might pay for medication.
- Money. Free medicine.
- Information bulletin, inform us when its okay to go outside and health information. Dont expect them to give us free food.
- Dk
- Vacine
- Im not sure i would expect television and radio direction, instructions to do this or that
- Anything that i need, medicine, groceries.

- Having the health personnel available to take care of it
- Bringing medications if needed, maybe additional help if both of us were down with it.
- Help with food clothing and medicine
- Help from health departments, alerting people.
- Advice as to what to do, assistance with work, physical support if i was required to stay at home like food and water.
- Deliver the medicine and financial help.
- Ways to deliver food and water. Medical care support
- What my family needs at the time.
- A mortgage frees. Morgages.
- Alot
- Health care, food, necessities.
- Some help
- That they would provide guidelines, what to do, what we should not do.
- Delivery of medicine if we quarantined for once.
- If a situation happens in pandemics, expect them to splash something across the screen, give phone calls, and there should be people to help you let you know of the problem. It would be very important
- Medical, child care, updates as of being informed.
- Monetary or medicine.
- Maybe to help when job doesn't pay, help with daily necessities
- The medicine to cure it or to help with it.
- Medicare medicare
- Some type of unemployment or something, or some place to live.
- Compensate some of the pay that you missed. Medical coverage.
- Any kind of help
- Stop spread. medical supplies providing...
- Groceries, delivery service.
- Information..health care..
- My life would continue to run
- For example food stamps, and help paying bills. Talking to creditors.
- Whatever they can do
- Medical help, being paid.
- Possible anti flu medication and definitely solid info and updates
- An increase in social security for my daughter.
- Financial.
- Information
- They would have to give suggestions to care and what to do and what not to do
- Financial
- Some kind of welfare,
- Help out i guess.
- If i'm not able to work i would ask for some subsidised funding.
- Food, and help with air conditioning-husband gets pneumonia
- Services as needed-fireman military police

- Food, water, medicine. Advice
- Depends on what or if they offer any help
- Medical.
- Food, financial, personal needs, essentially
- Instructions and directions on what to do.
- Medicines advice
- Get vaccines.
- Education with what we should do and how we should treat. Educate us on how to keep from spreading
- Maybe to help people if their able with transportation needs.
- Financially and any other services or resources
- Vacation
- Give direction of what to do and where to go
- Well health financial
- They get everything in control, everyone where they need to be, food, sterilization.
- Mostly information-what to eat and what to drink and what medicine to take
- Food stamps and little money assistance for diapers and things and help with bills.
- Free prescriptions
- Any help that is needed.
- Pay.
- Medical, community medical help. There has to be facilities of distribution if we can't go to stores etc.
- If baby needed formula and if they didn't want us to go anywhere, want them to provide provisions, safe place.
- Instructions
- Food medical finance
- Perhaps medical if you are in need of medication and if you don't have money to pay for it they should help you pay for it a lot of people only have help through their work
- Guides and information.
- I would get help from a VA clinic.
- Financial
- Communication. Transportation. Antidotes
- Information just good information on whether you should stay home, where you could get help
- On hoosier health wise, help with food, healthcare.
- Supplemental income, perhaps groceries.
- Information, around advisory on what to do and not to do. "not to travel"
- Crowd/panic control. Protection. Medical help from armed forces.
- Someone to see that we got what we needed
- Financial, health care, medicine. Assistance with wages. Wage loss for not being able to work.
- Financial. Housing and food.
- To help as much as they could
- Medical. Financial, emotional, physical.

- I can't say whatever help is expected b-cus i pay taxes. Financial assistance
- Doctors, nurses, red cross people. I don't know what they do.
- Insurance help medicaid
- Help getting assistnce with food n health care
- Monetary
- Funding, medication, and increased protection services.
- Well i assume they would provide whatever help they could to make sure one could receive medication
- Helping people get the care they need, and also help people having their kids home.
- Some direction as to pharmaceuticals and medical procedures so to not spread it any more and sometimes they'll bring in certain medicines not descriminating as to insurance. Continuous broadcasting
- Vaccination,any medicine we need,
- Just make sure we had the medicine we needed. Keep it from spreading as much as possible.
- Id think that red cross and varous groups might be organized so that took care of phones and they would work together to organize and cover various facets of the need.
- It would just depend on the scenario, you may be need some assistance for somebody bringing you groceries or something you know.
- Medical help
- Some kind of assiatance in getting medicine if not able to get out someone to bring ita 3q to u foo3wd also
- Vaccines office visits, going in and getting checked, a place where you could call in and get information about what's going on some kind of hotline nurses on call that you could give sympto
- Financial assistance to those who need it and actual plans and follow through that would be helpful for people
- Too make sure u have right medicines and supplies that they need, and food and water
- Safety and health care
- The help that i would want to heal the people. To make sure the medications are there to heal the people. If you are expecting something like that you should prepare for it. The state should provide
- Financial help. Caregiver.
- Assistance financially
- Give me information on what to do and what not to do.
- Health care benefits for medicine
- Education information medicine doctors
- As far as food, someone to bring food and to check on us to make sure we are all right. Pay all my bills. Make sure utilities. Medical care at least once a month.
- Help in the home
- Medical assistance and information. Info on what should be done as far as medical assistance is needed.
- Help pay the bills

- Support on getting the vaccines and medicines. Iv insutions, having the info available to us to present to family members on the epidemic. And they also would need a lot of support. Home availab
- I have to see if i qualify for food stamp from government agencies, and any other help i can get. Home help assistance, a student supply if i could not go outside, a maid or helper.
- Pay for the doctors appointments
- Health care. Hospitalization if i was sick, a doctor.
- Financial help, well thats what you always need, bills and.....
- Just medication, information
- Child care and stuff like that
- Food,running arrons.
- Financial and aid
- Pay for my medication if i am hospitalized to give me transportation there, possibly pay for food, maybe help with utilities depending on how severe i am and if i am able to function
- To pay for doctor bills and medication, what medicare does
- It would be rough to get prescriptions, food, the basic things
- Medical aid.

Q23: National Respondents:

- Information and inoculations
- Need to take charge of the situation and isolate the areas that the outbreak affected the most. Keeping people from moving out.
- Funding for immunizations or whatever type of shots or pills that needed to be given to the community as a whole, and possible federal help for hospitals overcrowding
- Information about what's going on so that my employer would know what's going on, publish information and innoculations given to entire population
- Expense help,
- The money it takes to get the things that we need to keep it from spreading
- Just to make sure that we can get the necessities of life, water, electricity, food and medication.
- Food Stamps, cash flow, groceries.
- Police and Fire Departments
- WHATEVER IS NEEDED AT THE TIME
- Medical maybe unemployment insurane
- Funding of some sort, or maybe possibly reducing the cost of healthcare
- UM...SAFETY AND SECURITY IF NECESSARY AND ACCESS TO NECESSARY MEDICAITON..
- Money,
- If i was to lose my job i would hope to get healthcare

- Insurance, food stamps of some sort for food, perhaps wic (for milk and stuff) we have none of that w/too much money and we'd lose jobs due to pandemic so we'd have to have it.
- WARNING AND NOTICES
- Information maybe clinics, treatments, suggestions, possibly even financial assistance
- Anything that has to do with helping. I would like help from the governmne tagency. County health dpartment.
- Financial and medical.
- Get food and pay the bills I can't pay over my retirement and pension and that.
- Information,critical things i would need
- I knot know probabl help with more information on the situation
- Vaccines sufficient supply
- WELL FOR PEOPLE WHO ARE NOT PAID, FINIANCIAL ASSISTANCE, MEDICAL ASSISTANCE
- Medications, care, financial
- Financial, medical, whatever
- Adivce, medical
- Alerting people to what's going on. Information, I guess I would say, about how to protect yourself. Some medical, no financial.
- I dont know because i dont know what the needs would be
- Financial help, cause I wouldn't have any income coming in. Food, utilities, car and house payment.
- Assistance with medical
- Medical help
- To make sure there was enough medicine and to make the hospitals were stocked with medicine. And to make sure they got the right info. Out to all the communities.
- Medical help
- Whatever help they can give
- Take care of
- News advice and medicines if necessary
- I expect them to protect us by containing the spread of the flu and by providing hospital services
- Ppo
- Medical help, prescriptions provide medicine for all people
- Finantial and other resourses
- Some sort of vacine or medication
- Information and instructions on what to do, if there was any specialized sort of equipment or medications or anything like that and they'd make them available and tell us where to get it from.
- To make sure that communities have everything possible to keep it under control.
- Financial
- Medical care

- Paid for outside help if i needed it and medication even if i could not afford it. If there was a pandemic, they should be responsible for their citizens. Pay for medication and health care.
- I believe in socialized medicine I'm all for if you have a dollar or million dollars you should receive same care not being based on income.
- Medical care at home. Food supplies.
- Peace and order
- Not much
- Probably a lot of help.
- Monetary.
- Any thing that would be offered
- Medical care
- Whatever is out there
- Medical mostly
- Help pay bills
- If they had any type of vaccines available, I'd expect them to be readily available
- Anything in their power they were able to do
- EDUCATION AND MEDICATION AND SUPPORT IN COMMUNICATION
- Access to food. And heat
- PROVIDE MEDICINES TO THE AGENCY'S AND INSTRUCTIONS VIA RADIO OR TV
- Money
- News broadcasts, precautions to take, what to do for the flu. Public announcement
- Anything I needed: money, medicine, and food.
- Vaccinations
- Finances
- Health care and information
- A cure of some sorts
- BASIC INFORMATION
- My pay check
- Transportation, and emergency care, like child care, anything the community can do in such situations
- That would depend on the severity of my illness.
- Probably medicine
- To see something like for me not to pay bills during that time and medical help stuff like that and veterans to give them time bcos they can't pay bills at the time
- I get a check and social security every month
- Communication of information
- Reimbursement for work.
- Advice, a vaccine
- Keep the police and water services going.
- Medical and financially
- Medical help

- They would lock down the post and take care of everybody on the post. I would all the care I need.
- A lot
- See them come in and say what they can do or offer help
- Funding
- Medical treatment if needed.
- Medical
- Probably home delivery of medications, elaborate information transportation, water, things that you don't have to leave
- Any control measures that they have.
- Information and delivery of medication.
- Nothing more than Medicare
- Financial assistance and medical care, if I'm not working and need insurance.
- Just access for healthcare
- Monetary and delivery of food or medical supplies, etc.
- Them stocking up on meds that would fight the outbreak. Start stockpiling that stuff now.
- Information, medical services money
- Making sure the services were open. That there was clear and unbiased information.
- Provide serum
- Shots, special medications
- Vaccines and administer them, take very sick to hospitals, give information
- Keeping utilities on, making sure that you can live
- I would expect some financial help
- Medication, food and water if necessary
- Any type of assistance possible
- Medications, whatever help I needed to meet the requirements of keeping the disease from spreading
- Expect information. Procedure general public should follow, know what to do.
- Food and basic necessities
- More info
- Help pay for doctor bills and meds
- Distributing water and food.. And preserving order if people were to panic.
- Finding resources,
- Information and communications and medical assistance
- Information, health resources, don't expect money.
- Monetary help
- Any aid they offer
- Information,
- To help with the prices of medicines
- Everything
- Communication info, timely updates
- SHOT, MEDICATION, ANTI-FLU
- I would expect them to get me hospital help, and a food supply
- Provide a means of getting my medication and getting food

- Food, medicine,
- I would expect them to be able to get medicine to people and if it is that bad I would expect it to be that people could get food and keep telephone line working, maybe giving out masks and hand sanitizer
- Just information and resources on the flu
- I would expect they would have ability for us to somehow get IV's if we could and do it ourselves and a kit. Teach us how to give ourselves intravenous meds in our homes. Clean H₂O, medicine, food
- Disabled medically,
- Primarily information, and guidance on taking care of/ avoiding the situation
- I'M NOT REALLY SURE
- Information and possibly a vaccination
- EDUCATION ABOUT HOW TO MINIMIZE THE SPREAD.
- Communication, and transportation
- Food, medicine,
- I'd expect the mail so I could get my medicine. I would expect them to maintain a water supply and electricity, and I would expect them to provide intensive care if I was in the hospital
- I would expect the gov. Would use their resources to make us as secure and safe as possible. Use their resources to help people stay in their home
- They're the ones in charge who should do whatever it takes. Whatever help is needed. I expect them to give all the help they could
- Medications if that was necessary, information, protection from people that have it (quarantine them).
- Being told what to do, communication
- Medication available easy to get
- Advice on how to treat it and availability of medicine
- Red cross, set up extra flu centers giving shots. Take care of children and the elderly.
- Monetary .. To help offset some of the bills.
- I would expect that they would strategize how to deal with this, come up with a plan, implement the plan if the outbreak happened.
- Alerting, set up some sort of thing for people that were less fortunate like clinics or something...
- Shots.
- Where you should go, what you should do, how you could get medication
- Food subsidies or if people couldn't get out they could bring food to your door
- Doctors
- Transportation, food assistance, and medicine assistance, in home care.
- Medical,
- Shop for you, do cleaning, make sure you have food, depends on how safe you are.
- Resources, funds, & med. Supplies
- Checking on ppl, personally or telephone and making sure the elderly and children were safe
- To provide meds and recommendations

- Protecting the public,
- Financing
- Medical care
- To be sure you got your medicine or groceries.
- To see that i have enough to get along on.
- Supplies, probably i don't know
- Delivery of grocery, water, things i will need at home
- Financial
- Information
- Meds,hospitalization
- Help us as much as they possibly can.
- Help with prescriptions. Medical care. Help with assistance on bills. Help you with your needs not wants--electricity.
- Supply medicine
- Information,
- Medical help
- Food, water, medicine, doctor to see how she is
- They should make sure people confined to home should get food and medicine delivered and water. They should get a moratorium on the due dates on any and all bills so there is no penalty on late
- Emergency situations only
- Medications
- Food and water,
- Making sure the essentials are available such as electricity and things of that nature.
- Different stations in areas most affected to treat mainly children and senior citizens because their greater affected. Actually handling the situation and not taking a back seat to it, treat everyone.
- Good communication, extra healthcare
- Provide whatever drugs necessary at a cheap price or paid for by insurance
- Keep up with electricity and water and food if you cant get any, keep sewers running. Not work for month, gov't needs to compensate you in paying bills, that is accurate and consistent.
- If im stuck in the house provisions of food, heat, electricity, water. Medication
- Television warnings and education, some type of grocery or necessity products delivered, give additional support to hospitals and clinics, and additional support to police fire , etc
- Help with medication
- On disability so get govt. Help anyway hard it to answer
- Funding for the care.
- Financial help
- To check on you
- Help with medical.
- Health prevention. Controlling movements.
- Medicare,

- Financial help
- Probably information
- Education. Vaccination. Water supply-the availability. Maybe transportation. I dont expect them to do everything, but there should be mandates and structure.
- SOME FINANCIAL HELP AND MEDICATIONS
- Financial
- Everything money back from missing work information from what happen because of the flu
- Awareness and places and facilities to go to
- Help with food and fuel
- Flu shot, general care, food distribution
- Find medical care, medicines, protecting own family from others
- Medical help
- Everything needed. Corentin, vacinations, water, food.
- Finanacial help
- Vacines,
- Up to date information
- Services, help, healthcare, medicine.
- To pay for my care, my bills, my medicine.
- Food and medicine and if we had no water to make sure we had water.
- If our family had it, some type of delivery service like diapers, food, etc...worse case scenario if everybody in the family had it.
- Medicine and money
- Distribute medicinces. They would have people checking up on people. Make sure they would have the medicince they need. Give direction.
- Whatever i need
- Medication.
- Medical,prescription drugs making them available,in home care.
- Money
- Confensate me with money to get by.
- Vaccination. Cure. Getting food to the table. Medicine, they can provide that.
- MEDICAL PERSONELL
- I dont know, whatever they have, I dont know.
- Financial and medical
- Information healthcare talking to employeer about staying home and vaccines
- They would give money help and expensesese
- Financial, medical, those two gonna be major.
- Hospital bill
- Information, maybe specialists coming in.
- Well..i guess help for food and maybe to help pay bills if i'm not going to be working.
- If there was a vaccine, i would expect that, someone to go to the drugstore and get medications for me.
- Whatever they would provide. Safety

- Education, first of all, to understand what it is. Any other services that will help us be aware of the event.
- Um, i'd expect financial help
- Explain basic plans that an average person could understand the virus, how it spreads and such so they would follow the instructions.
- Be able to make sure the police would still be working
- INFORMATION
- DIRECTIONS AND MANAGEMENT AND ENFORCEMENT OF QUARANTINES AND HONEST ANSWERS
- GETTING FOOD OR MEDICATIONS
- To ensure we received info and medicine to control the disease
- Information
- Taking measures to make sure it does not spread and to keep things under control
- Medicine, food
- Warnings and information on what to do
- FINANCIAL HELP HEALTH CARE HELP
- Medications, Doctor. If didn't have a job I expect some food and money.
- Advice and mostly I guess advice on what to do
- Financial
- Possible a visiting nurse for food or medications
- Medical treatment, food, water, medical supplies.
- Information and medication.
- Updates and bulletins on the latest concentration of affected people in my area, maybe a lot of detailed information, websites set up with information, other ways to purchase food using the internet
- I don't know how to respond to that.
- Medication if needed
- Money somewhere, food is the main thing.
- Information and everything they should do to contain medication and instructions what to do where to go and how to care for it and a follow up
- I would expect regular clinical help with prescriptions
- Financially
- Medical assistance
- A vaccine. If one existed
- Financial help from loss of work.
- Communication and provision of medication. Federal govt should be involved
- Expect that they would notify ppl in prompt and efficient manner. Possibly if they expected ppl to stay home-there would be visiting nurses available if family couldn't handle.
- Make doctors and nurses available and also medicines
- Financial or medical
- Help with doctor visits and the cost of medicine
- Whatever we would need
- Community outreach programs like meals on wheels additional health care
- Information and Medicines

- Shots
- Instruction, what to do and where to go if you need help and who to contact
- Whatever I needed.

Health Care Professional Web Survey

At the end of each of the four sections, respondents were asked to include any comments they wanted to add about the topics on that page.

1. Management of the Healthcare Workforce

- I see this should be treated as any other type of absence. Healthcare workers have contact with patients without knowing the types of illnesses/diseases being exposed to before diagnosis. Attendance policies should be within the guidance of the institution.
- Healthcare employers have an obligation to protect healthcare workers and their families during pandemic with provision of PPE and available prophylaxis. If that obligation is met, then the HCW has an obligation to support the hospital in their mission of caring for the sick.
- Nurses with children who cannot find sitters should not be punished for something out of their control.
- I firmly believe if you are well enough to make it to work, go to work. PPE will be furnished for your protection.
- Just as those soldiers who get deployed, health care workers should have a back up plan for taking care of their children and other obligations that need attending to while away. I definitely plan on reporting to work in a bedside nursing role should this happen.
- Many factors will weigh into an employee's choice to report for work or stay home (with ill family members or out of fear). Will boil down to risk/benefit ratio. Though I believe that all healthcare workers should make all reasonable efforts to report for work, there are a lot of things outside their control (hospital may not have enough PPE to adequately protect them for example). Bottom line: My obligation to survive for my family's welfare outweighs my obligation to my employer.
- Exceptions should be made for single parents who need to care for ill children stricken by the influenza. Not fair to make them care for strangers and then have their children cared for by other strangers.
- I think that as a healthcare worker you should know and accept your responsibilities even during a pandemic. I do believe that there may be an underlying reason that someone does not show up and that has to be considered when the time arrives because we will not really know how this will play out until it happens.
- I don't believe that anyone should be FORCED to report to work if they choose not to. A woman is not forced to keep a baby she doesn't want.
- I think it is unfair to punish those health care workers who do not come in and help staff in such a situation. We have families and they are dependent on us also. My family is my first responsibility....period.
- Unfortunately, ethics cannot always be legislated. Those who do and will show up are real heroes.
- I think there are many healthcare workers who may be essential to their families well being and they should not be forced to choose between family obligations and their jobs.

They should be able to request FMLA. They should be using existing procedures for time off.

- Each individual healthcare facility should have a plan in place to address a flu pandemic.
- During pandemic, if State provides care for the family of the Healthcare Worker, it will be easier for the worker to report for duty.
- I personally would not be able to work during a pandemic situation due to children at home and not wanting to expose children to potential illness. I would not be able as a mother to send my child to a crowded daycare to be exposed to a potential life threatening virus so that I could go to work and possibly bring that same virus into the home. I do not feel parents of school-age children or smaller should be expected to expose their children to such dangers. I love being a nurse but my devotion is to my children, and I do not feel a nurse should be penalized because they decide to care for their children.
- While it would be nice to think a facility should fire an employee who fails to report for duty, I'm not sure that would really accomplish anything except create a culture of fear well beyond what will exist during a pandemic situation. If we fire someone on the spot, what are we going to do when their family situation (or whatever reason they have for not reporting) has been resolved and we desperately need additional staff?
- Unless there is standardized reimbursement to institutions, standardized care, and standardized healthcare benefits and fair workman compensation for illness acquired during the course of work, there can be no equitable forced work. It's the right thing to do.....not only for us, but for gas station attendants and grocery stores, and pharmacies.....we do have to travel, we do have to eat, and we do have to take care of our own family illnesses.... What is the state's plan for THAT?!?!
- I would start with a volunteer workforce of current and retired health care professional. The state needs to mandate protections such as hours worked, protective equipment, needs of workers who are care givers, single parents, and workers who have medical disabilities
- I believe that Healthcare Workers do have a responsibility to work during a pandemic but family needs should also be considered. I can not care for my family (if they were ill) and care for patients at work at the same time. I think some sort of discipline should happen if Healthcare workers are refusing to work without a valid reason, but each situation deserves exploring.
- The structure of these questions and options for answers are inadequate for addressing the complexity of these issues. It will be nearly impossible to determine whether a healthcare worker has a legitimate reason for not reporting to work in the chaos of a pandemic.
- The challenge is the extenuating circumstances facing some of our workforce that makes it hard to be dogmatic in response to these questions - physicians who work at multiple hospitals as well as their group office, nurses that are single family caregivers, providers with conditions that would warrant avoiding infectious exposure (e.g., if the provider is on immune suppressive drugs), and providers with a narrow scope of practice that would not feel competent in an altered role (e.g., peds allergist).
- You want the truth, The entire State and Country has their head up their ass on this issue. If we are talking about a true Influenza Pandemic with high mortality, then no one should show up to work. You want my license, fine...it's yours. Do you honestly think your 10

dollar/hour support staff which is responsible for 90% of all the ancillary health care provisions are going to show up to work. Not a chance. Do you honestly think I plan on putting myself and my family at risk to help during a pandemic with a high mortality rate and high infectivity rate....no way (and I'm an ER doctor) and guess what, my partners pretty much all say the same thing. We have all discussed this issue. You want to fix this, then....here is what you do.... The minute it breaks, impose martial law.....you want to tell me why you can deliver mail, pick up garbage, but you can't deliver weekly food and water rations. We are only talking about a few months. Create mobile hospitals that can then respond to other emergencies, complete with self contained operating rooms....but close every hospital....., but do the opposite, and you'll all be crawling back to us in about three months, begging us to rescue health care....

- As a single mom, I have a problem with requiring healthcare professionals to report whenever. I'm the only support my kids have and I feel that I shouldn't have to take away from them to give extra of myself.
- Honestly I feel that it is a healthcare workers job to report to work, however in a state of emergency I feel that I would report to work as long as I was not compromised by procedures. If I found that I was being subjected to this virus because of the severity, I would recoil and just take care of my family. I have young children, I would remove them from school and baricade my home in prevention caring for my own. There is a duty to serve to a point, I am not sure what that point is and it should be up to the care provider to set the limits not the state. There are too many other things that influence this. If proper procedures controlled the outbreak I would work.
- Everyone should follow the same policy state wide to prevent confusion.
- I DO FEEL THAT HEALTHCARE WORKERS SHOULD FEEL RESPONSIBLE TO PARTICIPATE IN PANDEMIC EPISODES, BUT THIS IS NOT ALWAYS AN OPTION AND EDUCATION PLAYS A LARGE PART IN ENCOURAGING THEM TO FEEL THIS WAY.
- I believe the influence of the state government is a waste of valuable time and effort due to their incompetence in most matters. Most leaders should be at County level.
- The state should regulate policies because hospital policies are flawed with favoritism. Nurses do very little patient care they typically chart and pass meds. The majority of face to face care are passed down to CNA's. Nurses will demand we enter the rooms while they chart. That is if they come to work at all.
- It is easy to say that healthcare workers should report to work and make supreme sacrifices during a pandemic - and I truly believe that the majority will make every effort. But every individual must make the decision on their own. Obligations to family may be more critical and NO ONE can determine for them what the right decision is.
- I think that healthcare workers do have a responsibility to care for patients during any kind of outbreak...BUT I believe that they also have a responsibility to their children and families at home too. I am confident that people will report to work if it is at all possible. I strongly feel that each individual should be able to make that decision without the threat of being reprimanded and/or losing their job if they feel that they can not leave their children at that time.
- I think many healthcare workers will feel an ethical obligation to help care for victims of the pandemic flu however, I think more will feel a obligation to their families at home

and their safety. I think we will be surprised at the number of healthcare workers who WILL NOT report to work during this pandemic!

- I feel that Health care professional have a responsibility to assist the community as a whole but depending on their home commitments ie elder care, small children and their own health restrictions there are numerous ways they can accomplish this. A few suggestions: Over the phone grief counseling, documenting data via computer. Making calls to family with a patient in the hospital etc. State should give guidelines in cooperation with local health care providers.
- I believe that health care workers should come in extra to help during a pandemic if possible, however if Family members at home very ill also they have a responsibility to their family and need to care for them as well that is why I strongly disagree with firing or revoking licenses. I believe that the state should/could provide guidance but not dictate as there could be very varying differences in needs and circumstances. There is already way too much paper work which takes away time from the hands on care of patients. What is the priority!!
- Although I don't think I would refuse to come to work if a pandemic occurred, there may be unusual circumstances. If my daughter or husband were sick and I needed to stay home with them, I feel that should fall under FMLA. I could take vacation time if needed to fill in as much time as necessary. I think the federal government should supply advice/guidelines to healthcare facilities. But the facility itself should have their own guidelines in place that meet or exceed any federal advice.
- What should come first obligations to work or family? As a mother if I had a sick family I would have to care for them.
- Individual circumstances in the healthcare worker's situation must be taken into consideration. The above blanket statements can not apply.
- The more uniform each workplace is with policies during times of emergency the better. We are struggling to come up with meaningful response expectations. Differences from hospital to hospital will result in legal chaos.
- In regard to absenteeism, it would make sense for hospitals and health care facilities to abide by their current human resource policy for absenteeism. If someone does not work his/her scheduled shift, it would be an occurrence. Most health care facilities allow approximately 5-7 occurrences before termination. Every person has an individual set of values, roles, and responsibilities. You can't make someone come to work. Terminating someone based on the reason for not attending work sounds biased. Hospitals should follow a fair non-biased policy for absenteeism. I would recommend incentives (supported by the state) for health care workers to work during such pandemic disasters. Positive reinforcement usually has better outcomes than negative reinforcement.
- What if the employee cares for a small family or elderly person and is unable to leave them unattended? I don't believe a healthcare worker who has responsibility in the home should have license revoked or be fired because they cannot leave their children alone or with people they may not trust. Most day care centers do not staff personnel at night. The hospital where I work does not provide any type of child care facility. I do not trust my county (Miami) or hospital where I work to give effective training to work during a pandemic situation. I believe each county should establish a special health care worker registry of those in each field willing to risk their health if they happen to be ones without families or other similar responsibilities. These people would be paid a higher

wage or bonus during pandemic times and would receive intense special training for said pandemic. These people should be guaranteed relief and not expected to work 36 hours in a row, and other county's registries could help in this manner if necessary. This registry should be continuously updated (at least monthly) either by email or cell phone text message which did not cost the employee to receive and reply, in order to acknowledge he or she is still willing to be on the registry. I also believe a hospital should not be used during a pandemic. A larger civic structure should be converted at a moment's notice if this should happen. The reasoning is if it is a huge outbreak, most hospitals do not have the capability to accommodate several hundred patients (or more) at once and the inpatients not affected by the pandemic may be placed in serious danger. Utter chaos and panic are sure to be present if a pandemic were to take place. It would be irresponsible to subject an area's only source of emergent healthcare to disaster. Just my thoughts...for what they are worth. Thanks.

- The state does not pay the employees to deliver care, so they should not suggest someone to be fired or have their license pulled. Employers should want their employees to help in a crisis situation, but you can not make people care about the good of others. Those who really do not want to assist in a crisis situation would only be a burden on those who care and want to help!
- If the person is sick themselves they should not report to work they only make things worse on themselves and others
- I do not believe that any one answer is right and each person should make his or her own choice as to what is right for themselves and their families. Every situation is different.
- Reporting for work for pandemic events is not a duty. There are mitigating factors for nurses not caring for patients in a certain category. Just because a person is a nurse does not predispose them to place themselves in a compromising position which is why there are so many avenues in which a nurse may work. I do believe that if it is a nurses shift to work at an area of nursing which will involve patient care, she is to report to work her/his shift and they would normally do. I do not think that outside personnel should be forced to put themselves at risk to work outside of their normal jobs. If a nurse decides to volunteer then this would be fine. Otherwise, it is a violation of that individual's rights. I definitely think that revoking a nurse's license is not applicable. That would be coercion.
- The Healthcare Workforce has always been service oriented. Having been an ICU nurse in my earlier years . . . There were many times when a group of us volunteered during blizzards to stay at the hospital and care for patients. There were no mandates necessary . . . We did what we needed to do.
- While I would not imply that only the state has the responsibility to provide guidance to healthcare institutions, they certainly could help set a state recommended guideline. The challenge is as was noted in the intro, healthcare workers may also have family members that are ill that will require care. It would not help any one to have these people fired or lose their license for caring for their family versus reporting to work for unknown lengths of time.
- If a HC worker is ill or their family I think they should be allowed to be absent without repercussions. If they don't report to duty for fear of contamination I think disciplinary actions should be taken but not to the point of termination or losing their license. It's only natural for them to want to protect their families. Perhaps probation of some kind.

- The allowances for healthcare workers required to report for work should be the same allowances as those identified as most vulnerable (i.e. Those with infants, those caring for elderly parents, those with compromised health conditions). All healthcare workers expected to work should be given the vaccine.
- Every healthcare worker has different skills and mindsets on how to care for patients. Nursing is in a shortage at this time and they do not need to be fired or reprimanded for not helping in a pandemic. It's a moral obligation! Healthcare workers have families too and they might decide not to bring the influenza exposure home with them.
- If not the state in defining critical workers...it may be federal responsibility
- If the appropriate vaccine available is given to a percentage of workers in each county then those folks could be held to a higher accountability but not those w/o any hope of protection. Just as in old war times, I believe that those with young children (who would then be exposed) and sole providers should be excused as well. There is a good population of young Health Providers that should be better able to fight the possible transmission of the disease and be able to possibly survive if they contract it.
- Incentive pay would be a better approach. Employees may be putting their own family at risk to be at work, and each situation is different, so I do not think it should risk someone's job to not show up.
- The State can provide guidelines but it is up to the administration of the hospitals and the professional organizations how to handle these situations
- Some staff may have small children, newborn babies in household or caring for elderly family members at home already. No one wants to be exposed to this but for some staff it may be more difficult than others to come to work and then go home and possibly expose those they already care for.
- Each case would have to be judged on a case by case basis based on family obligations
- Too many healthcare workers have immune compromised family members at home
- Health care workers who have small children, immunocompromised children or elderly that they are responsible for should be considered excused from tx of these patients.
- WAY too many situational cases to mandate attendance! What about the folks who care for family at home!? What about folks with six kids and the schools being off for the pandemic? So there MUST be supports, shifts, and folks helping folks.... That will be the only way God help us all, and we MUST work WITH one another... Also this MIGHT make folks realize that after all.... Smoking IS an optional behavior which SHOULD be very heavily taxed to pay for the illnesses it causes in its participants AND the folks around them who have to then care for them....
- Healthcare workers situation should be assessed on why they are not coming to work during a Pandemic. But if they are not coming because they do not want to come in contact with the Flu when appropriate PPE is available then termination should be an option.
- Re; questions 3 and 4: While I agree hcps have an ethical obligation to report to duty in a disaster/pandemic, there are potentially extenuating circumstances why an individual HCP would not be able to do so. I cannot support black and white policies that call for termination of employment or revocation of a professional license. Hopefully there are considerations for child/elder care being built into the plans....with some fields in healthcare being overwhelmingly female, this may be a huge stumbling block.

- The staff should work their standard hours and if extra is necessary they should be compensated. Working longer hours could put the healthcare worker at risk to be ill, weaken their immune system. Nurses who have compromised family at home, example children with a transplant or a parent who is chronically ill would put them at greater risk. I really feel extra shifts should be on a volunteer basis. Hospitals should be well stocked on all items necessary to prevent staff from being exposed. Masks, gowns, gloves, cleaning supplies, whatever is necessary to put the healthcare worker in the safest environment.
- Employees that have compromised immune systems or are pregnant should not be forced to work
- In regards to question 3 & 4 - As the questions are phrased, I do not feel the issue is clear cut. What if the individual is staying home because he/she is caring for family/neighbors/friends which will reduce the potential burden to the health care system?
- Cover, consider and research as many variables as possible before implementing absolute expectations of healthcare workers during a pandemic situation. Ethically, they will have to choose and prioritize for themselves, their family, then the patients. It could become a self-preservation issue.
- We have to remember each person has different responsibilities that may factor into their ability to report to work at anytime not just during a pandemic.
- Health care professionals have a duty first to their families, and then to the organization that they work. If the family of the health care professional is affected by the pandemic, then the duty of the health care professional is to their family, not to their workplace.
- Some workers should not due to personal health problems be forced to work, or the need to care for many at home or in the neighborhood. The above are too black and white. There should be a means to grant exceptions that would serve the greater good
- **THE ONLY REASON A HEALTH CARE WORKER SHOULD NOT REPORT TO WORK DURING AN PANDEMIC WOULD BE CHILD OR ELDERLY CARE ISSUES.**
- We have a responsibility to our families to keep them safe and healthy, as well as ourselves. If my working puts them at a greater risk I will not work. Revoke our license? Are you kidding me? What are you going to do 6 months later after there is a vaccine? You don't have enough nurses now and you are going to fire people when there is a disease that will kill a third the population? You will be banging down our doors.
- Healthcare workers caring for family members at home should they or shouldn't they be subject to firing or licenses being revoked?
- If mandated by the state that would determine the response that health care facilities enforce, i.e. If state mandates that health care workers do not cross county lines then the facility could not take action on the individual for not reporting to work. Many facilities would need to adjust their response plans based on the states plan. Many health care workers cross county and even district lines to work.
- The what if factor is always huge, If the healthcare provider is taking care of loved ones at home during a pandemic will this be considered FMLA time? What is the difference if the healthcare provider is sick themselves will there be repercussions for time not at work providing?

- I had a hard time responding to the questions about losing license and job because of not reporting. If you are a primary care giver for young children or sick family members with no other available provisions, would exceptions be made?
- My concern is how long it would take the state to set before helping to distribute healthcare workers well they are needed. Also concern if would take into consideration how many healthcare workers are available in an area to make decision.
- The license should not be revoked, they may have a child or spouse at home to care for, they may be afraid that they may take it home to their loved ones.
- Everyone has a choice even healthcare workers, I think it should be each facilities decision on what should be done if a healthcare worker refuses to come to work. There are always circumstances that would need to be discussed, the person may have sick children, parents etc that have to be cared for. I think by offering antibiotics to family members will help the situation. But how can you force anyone to come in when antibiotics may not help at all.
- Management of healthcare workers during a pandemic should be done by individual hospitals not the State
- I believe each organization should be responsible for the management policies due to the variances of organizational structure and resources.
- Any blanket policy involving the termination of those who are not willing to show up to work during a pandemic would not take into account individual circumstances. While the need for caregivers during a pandemic would be tantamount, I believe that a better solution to the problem would be a form of hazard pay, subsidized by the State or Federal Government, which would be double or even triple the normal hourly rate for the individual caregiver that is required. This would only go into effect during a situation that has been declared a Pandemic Crisis by the local department of the Center for Disease Control.
- An across the board decision to fire or reprimand those who can't or don't go to work during a pandemic doesn't take into consideration the true fact of some extenuating circumstances. Family should be first to receive a nurses care if they are ill as well.
- Did not take in to consideration that the health care worker may be sick also, which would negate them from coming to work, being fired ect.
- I don't believe the state should mandate laws regarding professional nurses and their employment. I believe if the hospital wants to enforce attendance policies that is fine, but forcing overtime is not a good option. Many people work the hours they work because of family responsibilities and the freedom of choice shouldn't be overlooked. Many people if forced to choose will choose family, especially in event of a pandemic, and if they leave the workforce, it will create a much larger shortage.
- The state should leave matters of this type to the healthcare workers (Mitch has his hands in too much already).
- Consideration must be given to healthcare worker's reasons if they are unable to report to work. Daycare facilities may close and this would significantly affect the healthcare worker pool if alternate childcare resources are not available. A worker should not be fired or lose their license for being unable to report to work. This is different than refusing to report to work. A distinction should be made.
- Each healthcare institution should already have policies in place regarding absenteeism that should be consistently implemented. Employees who do not have chronic problem,

should not have a worry. FMLA laws should apply for those eligible. For those not eligible, most should have an emergency leave available.

- Nurses must know that their families are being well cared for.
- All healthcare professionals should try and do their job as best they can in this kind of situation. Healthcare workers can be among the sick as well and/or have ill family members at home to take care of as well and if they are made to work too many hours they can get worn down and be as sick as those they are trying to help.
- Small rural hospitals need guidance in the making of policies to cover the epidemic situations. Revoking professional licensure during a pandemic would only make situations worse. We already have a lack of nursing staff at many institutions across Indiana. Revoking licensure or firing staff for attendance would only decrease valuable human resources. As you mentioned, people (including hospital staff) will stay home in a pandemic situation to care for other family members. At our particular hospital, we only keep about three ventilators at any one time. So I guess with our limited resources we could only save about three people that required ventilation. Most rural hospitals do not have the funding for the purchase of needed equipment for day to day operations and would further have no additional funds for the purchase of needed equipment in the epidemic phase. The state needs to provide direction for policy development that would include health promotion of the staff (vaccines, wellness checks, etc) to maintain the current health of the current workforce. Many facilities have been lax in the maintaining of health of their employees. Once again, funding is a huge part of being able to provide people with needed equipment and supplies as well as those same supplies for maintenance of health.
- Although healthcare workers have an obligation to report to work, I can see instances where one might choose not to. If I had a baby or children at home, I would feel an obligation to stay home with them and try to protect them rather than expose them to the danger. Also, if I had other loved ones, parents, spouse, etc, at home with the disease, I would want to stay home with them and care for them. In the event of such a disaster, I don't know what should be expected of healthcare workers.....this is such a difficult matter. I can only foresee chaos.
- I am a charge nurse who is responsible for management of the schedule and staffing of the unit. I also am the person who does the evaluations of the employees, both nurses and non licensed personnel. While staffing is always a concern, I don't believe that people should have to be FORCED to do anything, and have their licenses revoked as long as what they are doing is ethical. My belief is that a nurses' first commitment is to her/his family and self. If they aren't healthy, then they will not be a benefit to those who they would potentially serve/care for.
- Healthcare should be managed by unbiased healthcare group practicing via evidence-based protocols, outcomes. Only healthcare outcomes should be set by the government. Healthcare workers are primarily Mothers and Fathers, so their employer should not be able to override their family obligations during a time when their own family might be afflicted by the causative agent. Minimally trained volunteers could be of great benefit during this time of need, as well as military personnel, EMS, fire dept, police. Employers should never expect to hold employees accountable above their own families, we would no longer be a Democracy in doing this.

- I believe it is a bit harsh to fire someone or revoke their means of livelihood, however there does need to be some reprimand for those that shirk their duties at a time like this. When you enter the healthcare field as your career you have to realize that something like this can happen and the healthcare worker is who a lot of people depend on.
- I think more HCW would report for work if they felt everyone was being treated the same across the State.
- I think firing or revoking licenses is a drastic measure in a situation that will affect all of us. Why would any nurse or physician leave their home to take care of other people when their own spouses, children, parents etc. are dying? As a health care professional our families will seek us out for care, not a hospital.
- Personal home situations must and will come into effect during this type of situation.
- Nurses have families. My first priority is them, not my patients. If my family is affected, I am affected. The state and institutions need to realize this. Most nurses are women. Who do you think they will put first - their children or a patient?
- Provisions need to be made for dependant care so workers feel better about coming to work,
- I think that it needs to be a case by case decision on whether a healthcare worker should be fired for refusing to report. If they have young children who are ill, I would not expect them to leave them to help others but if they are refusing just because they are scared of becoming sick, I would be more likely to feel that they should be fired.
- I believe that I am in the Healthcare field for a reason, and that is to provide the care that is necessary for a pt to either improve enough to go home, or to provide support to the pt and family if the pt is terminal. I do believe that in a crisis situation many Healthcare workers will step forward to provide care. But there will be also those that do not want to take home an illness to their family that could result in the death of one of their loved ones. It is NOT the States place to step in and tell us, the Healthcare workers what we will and will not do in a crisis situation. It will not be the State (government) coming in to care for these pts., they will come home safe and not risking their own life or their families lives. It needs to stay within the Healthcare system.
- Each individual case should be considered before employees are fired or their licenses are revoked. Healthcare workers have responsibilities and obligations to their families first. If an RN has a personal or family health emergency when a pandemic is not occurring, she may have a personal leave. It should be no different when a pandemic is in effect.
- State needs to step out of this arena
- **FAMILY OBLIGATIONS SHOULD BE CONSIDERED WHEN EVALUATING ATTENDANCE AT WORK**
- I feel that once this pandemic is in full swing, everyone, including health care workers, should be enforced to stay home, use what resources have been stored and ride the thing out till death or survival. If a vaccine is developed, I feel that it should be rationed for the reproducing population (which I am not part of) to ensure repopulation of the race. I would not want to lose my precious license but I would sacrifice it for my life since protection from exposure has not seemed preventable. If means for protection is preventable, I would be glad to be part of the work force.
- It's too difficult to categorize everyone as equal employees if it should get this bad. Family life must be taken into consideration -- single parents, even married parents of young children, etc must have priorities outside the profession at times...

- A nurse should be free to decide for herself the most ethical choice. Nurses with children under the age of 18 may feel that their first responsibility is to their children. Sacrificing one's life and leaving your children without parents is far less ethical than leaving your co-workers short staffed to care for patients. The little bit of good a nurse could actually do for patients would be miniscule compared to the devastation of a child losing a parent. Punishing a nurse or other healthcare worker for not coming to work in a pandemic situation would not affect the number of absent nurses. It would only deter people from entering this field. Anyone who feels strongly about caring first for their family would not be swayed by threat of punishment of any kind.
- I disagree that any agency/institution should require anyone to report for duty
- I put Neutral on questions 1, 2, and 3 because as a parent if something were to happen and I have to report to my job for a Pandemic what will I do with my children?
- A health care worker should not be penalized for wanting to stay home and take care of their family. Yes everyone should share in taking care of the sick, but not 24/7. Everyone needs time off.
- Fear that may cause employee absenteeism will not change because of regulation. The State should recognize this and support educational programs or assistance for healthcare workers who may be involved in a pandemic situation aimed at reducing this fear before it has a chance to be realized. For the most part - I believe people in our profession will answer the call of our friends who are suffering rather than run from the problem. Using our job and our ability to work as a threat I see as ineffective and callous.
- If a healthcare worker has small children at home, I can see them staying there and not wanting to bring flu home to them. My children are grown and gone, so I would report to duty.
- The idea of firing a healthcare worker for refusing to report to duty is extreme. There may well be extenuating circumstances for the refusal, such as their family being hard hit with the pandemic and they are the only one able to care for them.
- NOT ONLY SHOULD THE MAIN HEALTHCARE PROVIDERS BE GOVERNED UNDER THIS POLICY BUT THE MANAGEMENT POSITIONS AS WELL. MANY TIMES A MANAGER OR HIS SUPERVISOR IS NEEDED TO HELP MAKE DECISIONS OR NEEDED FOR EXTRA HELP AND THEY ARE NOT PRESENT. TO PROVIDE THE BEST CARE IT IS NECESSARY FOR THE WHOLE CHAIN OF COMMAND TO REPORT ALSO.
- The decisions are not black and white. Single parents and those caring for elderly relatives will have hard choices to make between their obligations. Provision needs to be considered to help those works with their family obligations so that they feel they do not have to choose between high priority obligations.
- I do not think people should be fired for refusing to expose themselves to a life threatening condition. However, I do not think people should use this as an excuse to take time off work. Some people don't need much to do that. I don't know how to prevent that.
- I think it is important to be sensitive to the needs of the healthcare worker. I am a single mother and if I had a sick child, she would need to be a priority.
- As a nurse and a manager, I feel strongly that healthcare professional should report to duty as their morale and ethical obligation; but, as a mother, I also need to be sensitive to

the other aspects of caring for loved ones at home. We as an institution have discussed allowing some form of child-care/elder care available for our staff off-site, but close enough for the employees to check on their loved ones

- If a pandemic did hit, the healthcare professionals are the ones that are needed to get it under control, but if the healthcare professional have family members that are affected, then they themselves have also been exposed to the virus and that should be considered if requiring them to be at work and possibility of them be carriers would be a concern for spreading the disease until immunization can be found, as well as their state of mind with their concentration at the work place because their concerns of family members should be considered on an individual basis and if they would be able to concentrate at work to do a good job.
- Healthcare workers may become ill themselves or may even die as result of illness. Imposing discipline would be meaningless. Others may have to stay home to care for acutely ill family members since advisory will be to stay home unless absolutely necessary.
- In a pandemic, it's possible that the healthcare worker or family member(s) may become ill and require care. Should the healthcare worker have to chose between family care (prevention of hospitalization?) Or firing/licensure loss? Can there be extenuating circumstances that would prevent the healthcare employee from reporting to work?
- While I have a strong commitment to my work, my family and children's well-being are a priority. This is a huge dilemma that I am certain many healthcare workers will have to deal with. Consideration should be given between direct and non-direct patient caregivers. Special emphasis/education should be given to all healthcare workers routinely on precautions that can be taken in addition to any standard precautions to decrease chances of obtaining illness.
- The State should provide guidelines on this issue. I do not trust the administration my place of employment to be fair, realistic or compassionate.
- All healthcare workers have families who may need taken care of as well, NO ONE should be forced to choose their job of the well-being of their families.
- While I believe that health care workers should come in during a crisis, that does not mean that they should leave their loved ones who are ill. Any decision as to punitive action should be based upon the individual circumstances.
- There needs to be determination on whether a worker is not reporting because they are ill, or because one of their family members is ill and needs them at home, and not assume that they are not reporting because they fear getting the flu.
- I understand that some people would abuse the option of staying home, but with some people needing to stay home and care for their children and/or family, this should not justify dismissal. I do believe as healthcare providers we have an obligation to report, but as a mother, wife, my obligation is also to my family First and foremost. Having the state give guidance for policies is a good idea, as long as it is guidance and not the policies themselves. Let the organization decide.
- No one should loose thier job if they honestly cant not be there due to immediate family being ill
- I believe that during extreme cases everyone available should help however, refusing to report to duty is not grounds for revoking a licience. Many other offences that have come

before the board of nursing should have been resulted in revoktion have been put on probation

- The State should seek input from professional organizations like ENA, ACEP, etc. Before deciding policy.
- You create anxiety and hardship by forcing healthcare workers to choose between their work and their family.
- Worker education is the key to getting their full cooperation during a pandemic. If they know that the institution will make every effort to protect worker health during an emergency they will be more willing to help in the response.
- I feel there are many other considerations to be made by a healthcare professional in this unfortunate circumstance. Although we took an oath to care for the ill, this is a different situation in that it is critical and potentially fatal to anyone involved or infected, meaning our family's welfare could be at risk from outside sources or from us being exposed and bringing it home. There are multiple scenarios I could site. I think if the state is to be involved in designation of anything, it would be to help the individual facilities make these calls they feel are necessary for staffing, and to do everything in their power to protect those providing care, make vaccinations available to them ASAP in order to care for the ill, etc. As far as restricting or revoking professional licenses, this would be limiting, and make a bad situation worse on so many levels, a situation that would benefit no one.
- I assume w/ State - it is the ISBH.
- I feel that hospital employees should be urged to report to work should a pandemic occur, I don t feel that they should be terminated or have their licenses revoked. There may be additional circumstances such as family illness etc. I feel that it would be best for the employee to vulonteer, those that do volunteer should be rewarded monitarilly, including salried personnel
- I would like to believe that individual health care sites and health care workers would be capable of making these decisions.
- Most nurses in this area are females and females with children. If they(nurses) know they can bring their children to work and the children be taken care of- I think they would report.
- Concideration should be given to health care workers that have children at home. Single, or childless workers should be concidered first. When the early struggle to combat aids started in San Francisco, the ward that was set aside was with volunteer workers.not all healthcare workers are heroes, and should be afforded the right to say no without reprisals.
- Health care workers should want to help in this situation but noone can predict certain circumstances.
- I FEEL THAT AS A HEALTHCARE PROVIDER YES WE SHOULD BE OBLIGATED TO REPORT FOR DUTY, BUT AS A MOTHER IF MY CHILDREN ARE SICK FROM THE PANDEMIC THEN MY FIRST PRIORITY WILL BE TAKING CARE OF THEM.
- Healthcare workers also have families. I think this should be taken into consideration if the family has two parents that are both healthcare workers and children would be left unattended.

- I feel the institution should have the opportunity to make decisions regarding the management of emergency/pandemic situations. They are responsible in the end for any legal actions that might arise. Also, they would know the area and needs of the people they service and employ. It's good to have a basic policy to start with, which the State could provide.
- I believe the health care work force should be decided upon prior to the situation arising- The staff would be mostly volunteer. People who have young children should not be forced to leave them or put them at risk. I also believe single parent families should not have the only parent required to work.
- I think that provided that a healthcare worker's family is healthy, they should be required to reporting to work. But, if an immediate member of a healthcare worker's family is unhealthy and they need to stay to care for that family member, they should not be punished.
- BEFORE PROFESSIONAL LICENSES ARE REVOKED FOR REFUSING TO REPORT TO DUTY - SITUATION NEEDS TO BE INVESTIGATED AND EVALUATED.
- If a healthcare worker has a sick family member that they are needing to stay home to take care of, I feel that this should be considered. The healthcare worker should not necessarily be fired!
- Not enough information to really effectively participate in this. Too many complex issues on provider safety vs patient safety vs legal ramifications (who pays for pandemic related illness expense & daycare & lost time for the provider; work comp or individual health insurance & deductible?). State involvement is likely to involve legislation based on mass anxiety rather than practical application of medical knowledge. For this reason State involvement could do as much harm as good.
- It should be up to the individual health care worker whether they work during this pandemic. After all, we will be risking our very lives to do this. It is not something that should be mandated. It should be an individual decision. If I am stuck here at the hospital, and my family is at home, I can't take care of them. They could die alone there. I could die here. That is a very personal decision that each person must decide for themselves.
- Consideration needs to be made for healthcare workers families during these times
- Political and ethical issues can be diametrically opposed. Individuals must be allowed to make decisions such as some of these (questions 3-4) without threat of loss of job or license. Intimidation is contrary to our democratic ideals. Mitigating circumstances must be allowed for
- There could be many reasons a health care provider could not come into work during a pandemic: the nurse is sick him or herself, an ill family member that he or she can not leave, no gas to get there, etc.
- People have to follow their own conscience. I think I would respond, regardless of the risk.
- Firing or revoking licenses should be considered but each individual had multiple moral and ethical obligations to weigh against family and community which needs to be considered and one policy does not fit all.
- I think that healthcare workers have a duty to help others but self preservation is a basic instinct. I think it is sad that they would refuse to help people but I don't think those who are too scared to help should be punished.

- The local and county emergency management officials should be the ones to dictate how the local and county healthcare providers should be utilized. I would be more apt to help locally, if I was able to on a volunteer basis, than be assigned to go somewhere unknown.
- I'M NOT SURE THAT HEALTH CARE WORKERS CAN BE FORCED TO GO THIS MUCH ABOVE AND BEYOND. FIRING THEM OR REVOKING THEIR LICENSES WOULD SOLVE NOTHING. I BELIEVE THAT THE MAJORITY OF NURSES WOULD CONTINUE TO CARE FOR THE PATIENTS AND AS A RESULT, NURSES WOULD HAVE A HIGHER MORBIDITY AND MORTALITY RATE THAN THE GENERAL POPULATION. THE RESULTING DECREASE IN AVAILABLE NURSES WOULD CREATE AN ONGOING EMERGENCY AFTER THE PANDEMIC SUBSIDES.
- There are circumstances that should be allowed for healthcare workers to not report for duty. If a healthcare worker has immediate family members with health issues such as AIDS or any disease or condition with decreased immunity to the pandemic, especially with elderly or children.
- I think ethically, healthcare workers should feel responsible to report for work during a pandemic. I don't think though that it should be held against anyone for not showing up, especially if they have sick family members.
- If a nurse is sick herself she/he should not lose licensure for being unable to report to work, there are special circumstances for every incident
- AS A PERSON WHO WORKED IN LOUISIANA DURING KATRINA AND RITA, I FOUND THAT THE MEDICAL COMMUNITY CAME TOGETHER AND WORKED TIRELESSLY TO HELP THOSE IN NEED. BUT, AT SOME POINT WE HAVE TO REMEMBER THAT WE ARE NOT AUTOMATONS AND MUST BE FORCED TO WORK IN CONDITIONS WE ARE UNCOMFORTABLE OR CONDITIONS THAT COULD CAUSE US INJURY...THEREBY CREATING MORE PATIENTS ON AN OVERBURDENED SYSTEM.
- If a person has family members that could be infected even remotely and that family is at risk for death due to pandemic they should be excluded from care of the people involved with the pandemic
- I understand the ethics behind reporting for duty during a pandemic, I however have children that I want to be around to watch grow. My first responsibility is to my family

2. Triage and Allocation of Scarce Resources

- It will be EXTREMELY difficult for any healthcare worker to NOT provide all possible care to everyone presenting for care. This is a bias that is best acknowledged prior to an event, with clear guidelines established for use of the scarce resources.
- I am not sure that you can remove age from vent protocols as it will usually have an impact on the physiologic prognosis.
- If we do not have a uniformed front on processes and procedures then patients will hospital shop.
- I am OK w/ advanced age being factored in since that will typically compromise the prognosis. I am OK w/ Social status being factored in at extreme levels such as drug addicts, end stage nursing home patients - basically those who do not contribute to

society & produce a significant drain on its resources. I'm typically very compassionate to the circumstances of those individuals, but in this situation we must focus on greatest good for society overall.

- Ventilator triage should include criteria about what is best for a community or society as a whole and these may include age and social role among other things. I don't think it should depend on class, race, gender, or wealth to list a few. Nor is objective physiological prognosis the only suitable criteria.
- State should declare the healthcare workers immune from legal obligations for following the directive.
- Treatment **SHOULD BE AVAILABLE ON A FIRST COME FIRST SERVE BASIS.**
- This is no different than any mass casualty incident where triage makes hard decisions. But you are mandating it across the board. There are different case mixes of ventilator patients in any given day, in any given institution (acute care or critical access or tertiary) - so you are saying that even if you have free ventilators...if a person arrives and falls into the category of those for whom it is denied that you won't use it?
- Why are you assuming a scarcity of resources. The state and federal gov. Should be able to adequately provide for and protect its citizens.
- What about federal laws that require us to see all comers, did you forget about that, what about malpractice protection during pandemic. Triage should differ based on the hospital. I've been doing this longer than you. Let us do our jobs
- Again with meetings being important to some people they have been and will be over done. Decisions need to be made, policies implemented with a minimal amount of hashing what went wrong, what went right. This can be done with a review of charts or flow sheets by a designated person and the results should be given to everyone concerned and changes made accordingly.
- I would hope that everyone is treated case by case and not age or social economics, insurance coverage, etc. A 30 year old with cancer(depending on type/location) could be passed and given to a 60 year old with good health etc.
- Making such protocols sounds easy now (and it may make such decisions easier)- but you may have to throw it out the window during such an event.
- Daily review of triage decisions should be made on a local level by people/staff that is aware of the actual situation. Not every situation fits under the same umbrella. I believe that age, gender and social status should not be the deciding factor in who gets care. I feel that those that can be saved/treated should be.
- There are systems within the Military that already address triage and some of these questions, it would be prudent to review those systems & see what already works, implementing them would provide consistency.
- This will be difficult, but need to be realistic and prepared that we will not be able to conduct business as usual.
- Deciding who gets a ventilator and who doesn't certainly is not a desired position. The state's involvement would help to protect the health care worker from retaliation... I followed policy. However, right is right and wrong is wrong and even with the state's involvement the health care worker has to live with the decisions being made. If the state does establish something on decision making, it should be guidelines that allow the health care provider to make the best possible decision with a given situation. One that the health care provider can live with. Basing a decision of who can breathe and who can't

takes me back to the 70's when health care ethics committees had to decide who get's hemodialysis and who doesn't. One solution may be for the state to help fund the rapid production of more ventilators to support the pandemic. (As the federal government became involved in the hemodialysis/ESRD world in the 70's.)

- Having not been directly involved in a major pandemic event during our lifetimes, we have trouble facing the reality of denying treatment to those who are unlikely to survive, however, these types of decisions will be inevitable. Having guidelines is crucial.
- During a pandemic, a daily structured retrospective review of all triage decisions could be very time consuming and therefore not performed in a timely manner. There should be a process to identify flaws, provide accountability and allow for continuous improvement without reviewing all triage decisions. Perhaps a sampling, etc.
- It may be difficult to implement a daily review of triage decisions during a pandemic, when staff is already scarce. I support the proposal but believe implementation will be difficult at best.
- Social positions or age should never be a valid criterion for health care. The most needy should be treated if treatment would be helpful. Preventative measures should also be made a primary objective in order to avoid further contamination.
- Not that I think that age and social role should be the first level of criteria, but if the resources are that restricted, these may need to be considered at a progressive level of criteria. 3. If treatment is denied then some type of direction for care should be provided.
- I think socioeconomic status has to be considered. For example if all things are equal and someone had to choose between a chef or a neurosurgeon I would think you would have to choose the one most beneficial to society. The same holds true with age. However I do not think the ability to pay should enter into the equation.
- Denying care and allocating care are two different functions. I would hate to see where we deny access to care or treatment.
- Ventilators should definitely go to those who will have a better chance of survival and there should be a criteria that helps the Health Care Provider/Triage Team to make this decision much like the Braeden Scale along with an Ethics Panel to review daily. Those who do not qualify for treatment in the acute care setting should be channeled to Red Cross Centers set up for exactly this group of folks that don't qualify getting treatment and comfort measure secluded from the general population. Those workers/providers should also be given the appropriate vaccines. Hotels and motels should be utilized as make shift hospitals insuring that those exposed are isolated.
- Age may be a factor, but not social roles
- What about the mentally ill? The homeless? Criminals?
- Soooooo in a pandemic..... Where we will all be scrambling to keep ourselves and each other alive..... And also trying to help the OTHERS who are trying to learn very quickly to do the same.... Who do you think will have the time to have the job to criticize those who are MAKING those horrific choices??? And just how do you think those accountants will be looked at by those of us IN the trenches breathing for folks???? Hmmmmmm how about lots and LOTS of output of activity and support for LOTS of universal hands-on work for ALL folks with the ability to do so.... To QUICK smoking..... And to learn to care for one another!!! Respiratory therapy education might be nice..... Any other type of educational support for whatever type of medical treatment might be nice and again.... God bless us.... One and all..... You wouldn't think that this

pandemic thing will actually bring us ALL to our knees.... Just like that old instruction book from 200 years ago said..... Every knee shall bow hmmm so maybe it all does not MATTER as much if we scrub the etched words in God we trust off the walls of the world.... He WILL find us... Wherever we think we are hiding..... So maybe it would be best if we come right out and accept HIS power ahead of time... And learn to work together in good AND bad.... Because as I have heard for 30 years at the bedside..... Ain't NONE of us getting out alive....

- Size of community and amount of equipment need to factor in---smaller county hospitals will have much less resources available yet still have highly effective individuals that need to be kept alive and well to help the country survive
- I would never want to put in the situation to determine who gets treated and who does not. Is the home health nurse involved and have equipment available to care for patients at home on ventilators if necessary?
- Age may have to become a factor, the medically fragile may also have to be considered for withholding care.
- I'm not sure a daily retrospective review of all triage decisions is practical. In the middle of a crisis, you may not have the time/manpower to second guess every decision made the day before. The framework needs to be in place for the crisis. Once the crisis is tapering, then you can do a debriefing to see what worked and didn't work.
- What psychological resources will be available to the healthcare team who makes these decisions?
- I agree that social status should not be a reason to get help, but not age, that question should be split.
- With regards to question 3: I could not give a stronger reaction in the negative because the question does not give any examples. Should a person who is known to come in periodically to an ER/Triage area instead of going to a physician be refused care in the case of a pandemic? Yes, if their chief complaint does not correlate with the typical presentation of the pandemic disease. No, if their chief complaint could in any way be seen as a symptom of them having the disease in question. Once again, making a blanket protocol for a situation with so many variables dependent upon individual case and presentation could do much more harm than good. Any protocol created would need to have included within it detailed instructions with various risk factors associated with the pandemic in question. Obviously, in extreme conditions, the way that scarce resources are allocated in the field by army medical personnel could be adopted for a temporary amount of time.
- Unfortunately, this survey seems to ignore the idea that healthcare resources are already rationed.
- Triage process may allow worker to deny use of certain resources to treat patients due to scarcity or may dictate timing or promptness of care but should not require them to deny treatment for a patient. SOME treatment could be provided using readily available resources if the patient truly needs care.
- The State should mandate help from sister states and alternative options for patients who may not have access or have priority treatment options.
- Once you develop a triage protocol it MUST be delivered to the state so everyone understands the hard decisions that will be made during a pandemic.

- I hate to see any sick person refused treatment unless it could put them in danger of getting a more serious illness.
- I feel that PCP's should be talking to their patients or families of their patients ahead of time to make the patients comfort measures only , so that they won't be sent to acute care facilities and use valuable limited resources.
- During a pandemic, all persons , even those with minor illness, within a community will be seeking care. The resources will be very limited and scarce. Once the pandemic hits, the opportunity to revieve additional resources (human or supplies) will be lessened. Each county within the state need to have policy and a plan that will allow for additional resources. Each individual household should be educated on the supplies that may be needed in a pandemic situation. They should be provided with this information. The supplies that people should need should be readily available at local merchants. Perhaps a booklet with pandemic information should be sent to each household for reference that would have a basic triage for the family member use in order to decide whether their loved one really needs to leave their home to see care elsewhere. Additionally, there should be emergency out reach centers set up for additional walk in type care (those similar to sites that were provided for flood victims) that could offer simple healthcare to relieve the load from the larger facilities. Many of our local fire departments could set up a simple triage center in which was available to the public that could provide minimal health care. People panic when there are no resources for them to utilize. By providing additonal emergency only health centers that have basic supplies could eliminate the overcrowding of the larger health care facilities.
- Requiring accountability for triage decisions could cause increased stress and second guessing . A retrospective review done isolated from the actual circumstances at the time a decision is made does not give a true picture. You could have medical personnel refusing to do triage due to fear of retribution. In the past the people involved in doing reviews of performance have not had to function in the role they are reviewing. It is more like and ivory tower view of the situation.
- I don't think that you can refuse care to anyone. That is not ethical, nor do I believe that should ever be legal. Obviously, there are some that would come first due to their condition, just as is done now, but that doesn't mean that those others are refused care. Appropriate triage should be taught, and understood before a policy is implemented. As far as the scarcity of resources, I think that facilities and the state should PLAN to have extra supplies on hand at all times in the event of an emergency or pandemic. That means extra vaccines, ventilators, dressing supplies, IV fluids, etc. We have the means to PLAN, and I don't think that we should wait until there is actually a problem and then decide what we should do or how we are going to deal with it. In an industrialized coutry with some of the smartest people at our disposal, we should most definitely have the abiltiy to plan for extra ventilators and medical supplies.
- Only a nurse or physician should be controlling the triage decisions, not assigned Pandemic organizers, they are not qualified.
- I serve on our Pandemic Planning Group & have seen the draft document. It is one of the best I have ever seen.
- Just as there are nurses that oppose abortion or pharmacists that object to giving contraceptives to women, I think the state will have a difficult time enforcing any policies forcing them to decide who lives and dies. I do agree that there needs to be designated

personnel at every facility who will make those necessary decisions, but many nurses will have a problem with making that decision since we are trained to provide ALL people the necessary care regardless of situation.

- Again I do not believe that the State needs to be making these decisions. It needs to be maintained and implemented by the Healthcare profession.
- Allocation of available resources must be fair and equitable. It needs to be state-wide or even nation-wide, to minimize fear and even legal suits among the population.
- **DIFFICULT FOR HEALTHCARE WORKERS TO DENY TREATMENT TO FAMILY MEMBERS**
- We will need some support in how to weed out the pts who do not need to be in ECC and how to deal with them. These same people will find multiple ways to usurp the staffs time and resources for no legitimate reason. Ie calling ems from the lobby etc.
- In times of emergency hospitals should have a framework to guide operations and decision making. However, burdening them with reviewing triage decisions daily would place the hospital at risk when a reviewer had a different take on a decision than the triage nurse. Once a triage decision has been made, you can't go back a day later and undo that decision. The time to review would be post-pandemic.
- **ADDITIONAL PERSONEL SHOULD BE CALLED IN TO ASSIST IN A TIME OF PANDEMIC. THIS IS TO SMOOTHLY MOVE PATIENTS OUT OF TRIAGE AND INTO THE AREAS THEY NEED TO BE IN..**
- I don't understand #1. These questions are difficult to answer.
- Hard to call on this. Possibility of rooms/wards set up for such emergencies that would include ventilatory support for mass groups and concentration for those at higher risk should be a point on which to also consider.
- Separating reality of scarce resources from the emotional aspect of making that decision will be a terrible burden for those of us who have devoted our lives to helping all. Education (much as battlefield and front line caregivers in the military) should be required. This will be very difficult to enact.
- Without policies in place, triage decisions become arbitrary and inconsistent. For public security and confidence, policies have to be in place and the statewide level is best-not the county or city level.
- Humans should not make decisions regarding which life has more worth regarding the use of resources. Resources should be allocated based on physiologic prognosis.
- In a pandemic would there be time for a daily review-if this were a requirement-it probably wouldn't fully be completed until after the pandemic had become static
- These questions are difficult to answer without having actually gone through the situation. You may be asking questions which will have no relevance in the actual event of a pandemic.
- It would certainly be a scary and unfortuate time should a pandemic occur - however, I do not think social status nor age, etc. Should be the deciding factor for treatment. In any case, though, sadly if it were, age along with health history would probably be a factor - but predominantly probably the health status at the time of the decision between patient's and nothing else should be considered. It would be a tough call to make.
- I don't like the idea that anyone would play God , but if needed, it should not be based on social position or the idea that one person deserves to live more than another.

- I THINK THAT QUALITY OF LIFE NOT SOCIAL STATUS SHOULD BE USED FOR TRIAGE PURPOSES. FOR EXAMPLE: AN ELDERLY PERSON WITH A CHRONIC ILLNESS WOULD BE LOW ON THE LIST FOR A VENT IF THERE WERE YOUNGER PEOPLE WITH NO SIGNIFICANT MEDICAL HISTORY WAITING FOR ONE.
- I believe that age should play a part in question 1. I think some consideration of social role needs to be a part of the decision too. An example of this is the prison population, they should not be given ventilators. In an extreme situation, I think consideration should be given against those that do provide something back to the community.
- On number 3 I put can't answer because the question does not identify who would ordinarily receive care. Do you mean only people with insurance or cash, elderly, Medicare, Medicaid?
- REF #1 QUESTION- AGE AND PROGNOSIS SHOULD BE CONSIDERED WITH INCLUSION AND EXCLUSION CRITERIA FOR ALLOCATION OF VENTILATORS
- The state has a history of creating paperwork that slows down delivery of care by providers trying to care for other. (Nursing home fall reports, Organ procurement, restraint regulations are examples of will intended things but usually are sporadic & extra time doesn't stop the system. In a flu pandemic providers won't have time to do one more little thing so state can review procedures & policies)
- I hope I never have to make that decision
- Question 1 I believe that social status/role should not play a role in triage but I believe that age should. If a pediatric vs an elderly pt needed the last ventilator then the child should receive the care, The elderly pt is more than likely to have additional health concerns than the child, even if the child was affected more by the influenza.
- I feel that it is important to have guidelines to use in deciding who obtains the resources. The 80 year old vs the 28 year old, etc. I personally would not like to have to make those decisions at the time of a pandemic, It would be easier if those decisions were made ahead of time. It would be difficult then to not be able to use limited resources.
- In regards to question # 1.... Social role should never be a significant determining factor, but I believe age is. The question lumps both of those factors together, making it a difficult question to answer. I believe your numbers for that particular question will not be accurate because of this. For accuracy, there should be 2 questions, each relating to either the social role, or age. I don't think anyone would give the last ventilator to a marginally sick 97 year old when a struggling 3 year old is present.
- Relative to ? #1 I think age should be put into the picture when you get to extremes as in two individuals with common illness and scenarios and one is 95 and one is 25, etc.
- I think this would be extremely hard to implement. Understanding the need for it and actually denying treatment to someone who needs it are two different things. Only those healthcare workers who would be willing to risk their health for others would be there and these would probably have a harder time denying the treatment to anyone.
- I would hope I make the right decisions, and would hope for the correct training to do so.
- THE TRIAGE PROCESS WILL BE VERY EMOTIONALLY DRAINING PROCESS. THOUGHT WILL NEED TO BE GIVEN TO AN ADEQUATE ROTATION OF THESE PERSONS.

3. Altered Standards of Care

- Although the State should develop the guidelines, it does not make sense that they should be used in an all of the State or none of it model. Since a pandemic will impact various communities at different times and in different ways, consideration should be given for phases / tiers of response.
- Difficult as it may be to say that standard of care would change during a pandemic, it is realistic in order to handle mass quantities of patients. I think standards should be set for these special circumstances so that there is a set minimum.
- Documents designed for this pandemic situation by the State would assure consistency.
- Likely needs to be CDC level guidelines... Consistent across states.
- I would need more information about the documentation issues. Preparation ahead of time could make available check off lists and other types of document that would be less time intensive. Providing care is the essential thing, but accountability is still important.
- Directions should include minimum manual procedures, required. Not to depend on the instruments.
- Each organization must be able to decide who they can treat, and who they can't. It cannot be mandated, because resources, staff and available beds vary widely. Will you transfer patients to available beds....or just let them die?
- This should all be done in close collaboration with physician organizations and hospital organizations. Standards should be practical and simple. There is great risk of standards including unhelpful bureaucratic clutter.
- Contact Israel (western galille hospital), see what they do during mass casualties, why are you trying to re-invent the wheel?
- Why would it take so long to get a vaccine?
- Again the state government is pretty much useless. This needs to be done at County levels according to severity.
- The key word is guidelines not firm policies again because not all situations fit under the same umbrella
- These items all pertain to preparedness. Preparedness can never hurt, except the pocket book. However, in the instance of impending pandemic, the finances it will take to prepare, may prevent future expenses from disease and death.
- I wish something had been in place to protect healthcare workers after Katrina.
- Physicians and licensed healthcare professionals also should be included in the discussions and process and should be educated by the State.
- The State should develop guidelines but not laws. The healthcare facility should submit their triage plans to the state to have approved in order to not break any laws which would infringe upon the individual's rights to adequate care in a situation of pandemic proportion. Then, the facility plans must be reviewed and approved by the State Department of Health to make sure that they are following these approved protocols.
- Standard documentation will benefit organizations. Standardization has benefited Healthcare in many care directives (creates structure . . . Decreases chaos).

- Good thoughts. Need to pursue these.
- I definitely think documentation should be minimal during a time of pandemic.
- I believe that the State and County represented Board Certified Epidemiologist should together come up with these appropriate plans.
- Standards will be altered. If the States is prospective it would yield a better outcome.
- Go guys!!!! NOW, make it all mandatory..... AND NOW.... BEFORE the crisis actually does hit.... Figure a way that the mandatories ACTUALLY GET DONE and at the worker hands-on level..... NOT on paper.... Not a figurative signature coverage of the skills and standards and work needed.. But a REAL hands-on across the board mandatory learning and practice of the skills you decide we need.... Again, John, I TELL you.... I have NOT done an actual hands-on run-through of hazmat..... Mop gear... Decon... Etc. Etc. OUTSIDE of the military versions I did for ten years.... Think about that.. It is all very fine to mandate, and to dole out funds and figures and forms.... It is VERY different to have folks AT the bedsides.... Actually comfortable and functional at DOING what will need to be done!! Whatever it turns out to be!
- We need to care for the patients with charting only pertinent happenings and meds.
- There is no reason not to provide healthcare in alternative sites to prevent use of resources to travel to central sites and prevent exposure.
- I did not list a 10 for any of these due to the exclusion of a clause in which the healthcare institutions could argue against any such standards, training, and policies which the individual institution finds disagreeable. There should always be two-way communication between the State and the healthcare institutions. There should also be communication with bedside caregivers to develop methods that make sense to those who have experience with direct patient care.
- Again, the STATE should SUPPORT, not DICTATE. Medicine is well outside the scope of legislators... Should they choose to practice medicine, they should first attend medical school.
- Focused documentation for the main objectives should be allowed.
- Tell Joint Commission to take a hike during a pandemic.
- I am uncertain of the role of the state agencies vs. Individual healthcare agencies for making/implementing decisions re. Standards.
- Alternate standards of healthcare can be applied without repercussion to those in the industry, i.e. Malpractice
- Every facility will be working under an altered standards of care procedure during a pandemic. The normal day to day working will be changed in such a way that allows only the minimal care required for each patient to be rendered. Sandardization of care and documentation would provide the same care for each individual that seeks care. It would almost eliminate the ethical barrier.
- Re:#4. The government has put stringent requirements on documentation that is already causing more paper than patient care . In a crises situation, continuance of these requirements could completely clog the system.
- I think that if we plan accordingly for the worst, that hopefully we won't actually have to have altered standards of care, or decrease the quality of care that we deliver, which is what I think is being suggested here throughout this survey. I think that as long as we are ethical in our actions, take care of the nursing force and their families (becuase if they are

ill with the flu, they could infect the nursing workforce) then it shouldn't be such a crisis. We should obviously treat the most ill patients first, again, just as we already do, and then triage the rest accordingly, which is already done everyday in hospitals, doctors offices, and Emergency Departments. Nurses should be able to use their nursing judgement, but more and more that is getting taken away from us by governing bodies who have never once cared for a patient or worked in a hospital to know what it is they are asking.

- It is completely wasteful to enforce Hospitals to purchase cots and piles of other equipment which will either outdate, wear out or never be used. People can be bedded on carpeted floors just like during real Pandemics. Stop wasting taxpayer money on all these tools.
- I think the state needs to be the ones spearheading these concerns and not leaving it to individual hospitals.
- Again this needs to be implemented by the Healthcare Professionals that are in charge of the facilities that will be caring for these individuals.
- Altered standards of care should also be discussed in the event of a mass casualty incident...for all healthcare workers.
- The state should be fully responsible for setting guidelines during an epidemic. That would be something to fall back upon, so that everyone knows that they are doing what they are supposed to.
- I feel that there will be constant changes when something like this happens and we need to allow for these appropriate changes when necessary.
- Documentation of such events is of high priority so that it would be a good reference for such future episodes. It may be time consuming but if the documentation is not there you will not be able to get it back if fatalities occur.
- Limited resources, facilities, supplies much as was seen during Katrina and its aftermath should be learning experience for all of us. Skeleton crews of staff working under extreme circumstances will dictate the need for changes in care and documentation.
- I would support the state acting as a facilitator for healthcare organizations to sit down and have these discussions.
- The state should engage in this discussion with representatives of the various occupations involved in the response (not just with management)
- I feel the State should create a basic standard which can be modified by the healthcare institutions.
- Although most hospital facilities have a plan in place for an emergency
- You already have ICD-9 codes & death certificates. If the state wants anymore info they need to extract it from records using their resources rather than FORCING providers to comply with regulations. Time is precious to providers & primary care physicians are already overburdened & underpaid. Don't want one more thing to do much less for free!
- While agreeing with what the 'state' should do, I do feel that individual institutions should take policy and adapt to their specific institutional needs
- I think it is crucial to inform the public of these standards and guidelines.
- Suspend right to sue during pandemic emergency
- This is where I believe the State can do the most good. Make the policies and have the local and county EMA enforce the policies.

- IT MIGHT BE MORE PRODUCTIVE TO INCLUDE THOSE DELIVERING THE CARE IN DISCUSSIONS ABOUT HOW TO ALTER THE STANDARD OF CARE. LEADERSHIP CAN BE TOO FAR REMOVED FROM THE PROCESS TO CONTRIBUTE MUCH TO THE DISCUSSION.
- Each institution will have different circumstances and mandating documentation in all facilities is doomed to fail. I agree with the state working with institutions. Each facility should adopt its own guidelines and policies.

4. Vaccine and Antiviral Medication Allocation.

- I think it places an unfair burden on hospitals and other healthcare institutions to expect them to stockpile meds to keep the healthcare workforce working! I do NOT agree with the public stockpiles for treatment! I would support a prioritized distribution that would protect hospital workers before trying to treat those already ill. If we don't have the workers, it will become a moot point whether the ill have been treated, as there won't be anyone to care for them to the point of survival!
- If you try to protect the healthcare workers, maybe more professionals would be inclined to come to work to help in case of a pandemic. I know if I felt I was protected I would be more inclined to leave my family and help others.
- For question #2, unable to answer, since I am not sure what you mean by rank order prioritization. For question #4, I think this would be a good recommendation to make, but should not necessarily be a requirement.
- #3 prophylaxis of high risk exposure physicians/EMS & ER staff will be critical to having core staff to care for the ill. I don't think you can go only treatment w/o considering prophylaxis of this group. That group would likely have to be clearly defined to avoid abuse... Example: Drs/EMS & ER staff that are directly exposed to multiple confirmed pandemic patients producing aerosolized droplets.
- I have to support number 4 due to the fact that without the healthcare workers there will be no one to take care of the ill and if you can treat their immediate family they can focus on their jobs but that goes back to the fact that then these people should have to come to work.
- I don't know how long antiviral medication can sit on a shelf. The cost of stockpiling and management of rotating inventories may be excessive, since many health care organizations are already feeling the crunch of costs. I would need more information on this issue.
- Without knowing more about the treatment of the 400 cases seen so far, it is hard to judge what would be the most effective course. With a 62% death rate it would appear that prophylaxis rather than treatment might be the best approach.
- I don't know, if during the pandemic, that vaccine will be effective. Usually in pandemics, most likely the virus is different (mutated) from the vaccine strain.
- The only problem is that antivirals expire and the cost to maintain a current stockpile would be very expensive for most facilities.
- If you stockpile, then treatment is limited. If you don't, then care is limited due to staff or family illness. This is a hard one. Institutions should be provided with a proportionate stockpile.

- Question 4. May not be practical given the potential that exists for Roche not to be able to deliver the promised meds in the face of a pandemic as well as the more tangible priorities that hospitals face for financial resources.
- The state and federal government need to use the power of political pressure and mass purchasing to drive down the high cost of tamiflu - the pharma industry is taking advantage of public and private funds.
- If the mortality is high, then emphasis should be on prophylaxis and not treatment
- Healthcare workers would probably be less fearful about reporting to work if they knew that they and their families would be able to receive prophylaxis treatment.
- Health care workers need the medication so they may be able to care for the ill, otherwise who would. The key word in #1 is ANY. While they all may be good there could be some exceptions.
- Again - blanket statements are dangerous. Healthcare workers vary in their own health status. Some healthcare workers have altered immune systems themselves and those are the ones who should be treated prophylactically. Not all healthcare workers across the board may need this.
- If the disease results in high mortality, will antivirals work for those who are already ill? I would see that we should be focused more on prevention of spread than on treatment. What is a sufficient quantity? Some of do not live in counties where we work which will make it difficult to accomplish some things.
- The state shouldn't just adopt any recommendation without thorough review by a knowledgeable party. Prioritization should be to those most at risk, as we currently do with the influenza vaccine. (Protect the children) Hospitals should definitely start stockpiling...It would seem that treatment is more important than prophylaxis. However, I have never experienced a pandemic and may not have a realistic vision...I understand it looks to be a 50 % chance of survival once infected.
- I'm not opposed to healthcare institutions developing private stockpiles, however, there is a real concern relating to cost of replenishment if those stockpiles expire. There is not nearly enough demand for those items to be able to effectively rotate stock to prevent expirations.
- In order to be eligible to receive prophylaxis, healthcare workers should be required to work during the pandemic and have some type of accountability if they refuse. For private stockpiles for prophylaxis, the cost of purchase as well as the cost of replacement as they outdate should be covered by Federal dollars.
- I believe it is very important to have prophylaxis available to workers AND their families. It will be difficult to get people to leave their homes and families to care for ill if it may put themselves and then their families at increased risk of life threatening illness
- If nurses/healthcare workers are going to care for patients who are infected, they should be given priority for prophylaxis in order to continue to care for patients as well as not to spread this disease to other patients or to their families. The families of nurses/healthcare workers should also be given this prophylaxis as they will be at a greater risk for infection due to healthcare worker in their family.
- I can't comment on the prioritization because I don't know what the considerations are but I would think we would need some form of prioritizing. With foodhandlers and health care workers at the top of the list.

- I worked for an agency that bought huge amounts of the flu vaccine, and what wasn't used was destroyed !!!!! I was so upset when thousands of people was not able to get it.
- State should provide healthcare workers first for better response to volunteering care to the infected and less refusal should the hospital not have the supply to treat the healthcare worker
- Prevention.... If it is actually a functional thing to do... Effective, I mean... Makes all the sense in the world.... Since ALL studies on ANY type of effective prevention show that \$1 in prevention saves \$9 in treatment.... And you have already documented and shown that treatment will not be effective for 30% of folks who were treated and died anyway.... Hmmmm how about PREVENTION folks!!!! And when it comes to the statewide trauma system..... How about a strong inclusive PREVENTION program THERE, too!!!!!!
- The State should approve Antivirals are available for front line healthcare workers as a prophylaxis if the supply in the hospital is depleted.
- Not for families of those who choose to stay home/call call in during the crises
- We need to stay healthy and our family in order to help others.
- The problem with stockpiling antivirals for staff and families is their short shelf life. Large sums of money would be wasted when the antivirals expired. Better to spend money and stockpile PPE
- Healthcare workers will be needed to prevent unnecessary deaths. If all the healthcare workers die, who will care for the rest?
- How many healthcare institutions will have the money to stockpile antiviral medication? With reimbursement being cut, planning for potential disaster may not get the attention needed. If healthcare workers don't receive the needed medication, there will be an increase number of patients and a decrease number of care givers.
- The State knows our needs much better than the Feds. They can give us support and guidance but allow us to make protocols and decisions. Prophylaxis must play at least part of a role in this. How can the public be supported without law enforcement, fire fighters, health care workers and city/state workers such as sanitation, etc. Perhaps not every single person needs prophylaxis but certainly some from all the categories. We can close schools, cancel sports games and prohibit public gatherings but people still need basic support services.
- Healthcare workers will be more willing to work if they are protected as well as family.
- If a facility wants it's employees to be able to come to work and possibly with overtime then they should do what they can to keep their workers as healthy as possible.
- Antiviral medications should be given in prophylaxis to any health care worker, fire personnel, police personnel, public health/safety officer. This would possibly allow them to provide their speciality service longer. Then the antiviral should be given to children, young adults, and middle aged adults. Older adults will be the sickest, however we need to protect our children and people of child bearing age.
- We need to be sure to have enough vaccine for prophylaxis of all healthcare workers, the chronically ill, small children, and the family members of healthcare workers. The reason I say that we need to prophylactically vaccinate all healthcare worker family members is because if the family member is sick, they may require care of the person that should be at work taking care of others, or they could make the healthcare worker sick. The same goes with the antiviral medication allocation. The bottom line is that if the employees aren't healthy or can't be at work because they have an ill family member to

care for, then there won't be anyone to care for the hospitalized population and those coming in through the physician offices etc.

- Companies making the vaccines need to be controlled for improved safety and effectiveness, so the vaccine isn't more dangerous than the influenza. Vaccinating compromised patients instead of healthy subjects is wasteful in prevention.
- It seems that hospitals should be willing to take care of their own so that they can continue to take care of the public that is in need.
- Once again, I don't think we can expect our medical professionals to come to work if they know they or their families are vulnerable. As unfair as it sounds, I think it is necessary for the greater good of society to treat healthcare workers and families first to encourage them to care for those in need. On question 3, I still think the antiviral meds to be administered even if they are in small quantities and then we need to focus on treatment.
- I think more healthcare workers would work during a pandemic if they knew their family members would be taken care of.
- The Healthcare care workers need to know that they will be taken care of themselves as well as their family members, if they are willing to put their lives at risk to care and treat these individuals. Otherwise you will have workers that will refuse to care for these unfortunate people. Or they will not show up for work or quit entirely. And that will not benefit anyone. In fact it will put a strain on the entire Healthcare system.
- **THOSE EXPOSED ARE MOST LIKELY TO SPREAD TO FAMILY AND FRIENDS**
- Healthcare workers and family members need to be treated first. If workers are not treated they cannot take care of the sick. If family members are not treated then healthcare workers will be concerned about family and this might affect their job performance
- I believe that it is a good idea to give prophylaxis to health care employees that have direct contact with the affected patients, but I don't think that the stockpile of vaccines should be allocated for family members of healthcare workers. I also believe that the vaccines should be limited to those that are directly in contact with the affected, not ALL employees.
- Healthcare workers are the ones that are exposed to everything, and have high potential of also exposing their families. If healthcare providers are not cared for in regards to an epidemic, then they will not be able to provide for anyone else.
- If places of employment want their healthcare workers to be able to work then their employees and their families need to be vaccinated. If not employees will be home taking care of their families.
- Cost is always an issue
- Who is to determine who the most important or priority people would be the question. Everyone feels that they would be the priority of course. However, in healthcare incidences, those that need to administer the care would be of course of higher priority so as to have the necessary treatment to others in need. Those people would of course include the physicians and nurses and clinical staff to care on the need to care for those individual as well as the need for clerical workers for documentation of all events. Other individuals would also include your elected officials to help run the state so as to keep control of the immediate need of the state/city/county/country, etc.
- I don't have enough information to answer some of these questions. I do know that if we don't vaccinate our own workers and their families, I probably won't see workers willing

to leave those loved ones to come to work. They will want to know that their families are safe from anything that might be brought home to them.

- Healthcare institutions need to either have antivirals stockpiled or public supply needs to be made available to healthcare workers.
- Some questions can't be answered without further information such as in question 1. (stating any).
- One problem, it is my understanding that the antiviral medications currently available are not effective against avian flu.
- It is difficult for me to answer some questions without having an actual policy to base it on - I can't say the state should adopt a vaccine policy if I don't know what it is. I think focus should be on caring for the ill, but prophylaxis for the general public so as to halt the spread, as apparently from studies there is a strong possibility for those already infected, and it would seem wasted. Healthcare workers and their immediate family members they are exposed to, as well as ancillary staff working in the facility need to be covered. The State and hospital needs to make a very close approximation for ALL staff and family to stockpile. Without healthcare, nobody recovers.
- I agree that if your healthcare workers are sick, no one is going to be there to care for the sick.
- Of course our families should be given prophylactic care! Otherwise, we won't be at work to treat patients; we'll be at home treating family members.
- Hospital staff needs to be treated and healthy so they would be able to care for the sick in the community. Their family will be exposed through them. If their family is sick then the worker may not be able to care for any one else. I believe it is in the interest of everyone to have the healthcare worker and their family vaccinated.
- You have to keep the healthcare workers well, so that they can take care of the other people coming in that are sick.
- I believe that healthcare workers should receive the vaccines in order to stay healthy to treat the ill. It is also important to treat the healthcare workers families, so that they stay well, so that healthcare workers do not need to stay home to take care of sick family members.
- If you don't protect providers the acute illness treatment system will not function
- For us to work we need to know that our family is safe and we are bring any thing home with us
- # 3 dependant on the severity of the illness and also the need for healthcare workers.
- #7 yes definitely for prophylaxis for healthcare workers,,,not necessarily for family members unless overabundant supply available.
- If health care workers are expected to show up to work, either ethically or for fear of penalty, it seems only fair that since their exposure rate is so high, they should have access to prophylaxis as well as their families.
- There is not enough space for storing antivirals for all of health care workers and immediate family
- There has to be medication allocation for employees and their families. It will be difficult enough to have staff come in. However I feel it will be easier if they know they can be immunized.

- I totally agree with statement 4. If Myself and my family have received prophylactic treatment, then I would be free to care for the sick within my Hospital without the worry of self-contamination and/or family sick at home.
- Prophylaxis is probably more important as the seriousness and length of the pandemic progress so there may need to be a shift in strategy built into the system that takes this into consideration based on the stockpiles at the time
- Being in the healthcare industry, it only makes sense to vaccinate the healthcare workers, and their families, along with the most important branches of govt, ie: police, fire, governor and assistants, and their families first, along with the military workforces.
- If supplies are limited, then they should be given to healthcare workers. They are the ones that need to be well in order to take care of all those that are sick.
- The common good requires healthcare workers be available to care for those affected by the pandemic
- I have mixed feelings, if the hospitals want staff to work, they need to assist with vaccines, or antivirals for the staff and their family.